

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000032885

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** MATRIX INSURANCE CONSULTING, LLC

**Current Principal Place of Business:**

17592 MIDDLE LAKE DRIVE  
BOCA RATON, FL 33496 US

**New Principal Place of Business:**

55 NE 5TH AVENUE  
502  
BOCA RATON, FL 33432 US

**Current Mailing Address:**

PO BOX 880625  
BOCA RATON, FL 33488 US

**New Mailing Address:**

FEI Number: 26-4607786      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

CAMILLERI, MICHAEL  
17592 MIDDLE LAKE DRIVE  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

CAMILLERI, MICHAEL  
55 NE 5TH AVENUE  
502  
BOCA RATON, FL 33432 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL CAMILLERI

04/12/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAMILLERI, MICHAEL  
Address: 55 NE 5TH AVENUE, SUITE 502  
City-St-Zip: BOCA RATON, FL 33432

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL CAMILLERI

MGRM

04/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date