

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000041101

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** ALAN JAMES INSURANCE, LLC

**Current Principal Place of Business:**

440 SAWGRASS CORPORATE PARKWAY  
SUITE 204  
SUNRISE, FL 33325 US

**New Principal Place of Business:**

**Current Mailing Address:**

440 SAWGRASS CORPORATE PARKWAY  
SUITE 204  
SUNRISE, FL 33325 US

**New Mailing Address:**

**FEI Number:** 27-2403086      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BLATTNER, DAVID K  
1200 EAST LAW OLAS BLVD STE 400  
FT LAUDERDALE, FL 33301 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HARTMAN, JAMES  
**Address:** 19509 SATURNIA LAKES DRIVE  
**City-St-Zip:** BOCA RATON, FL 33498 US

**Title:** MGRM  
**Name:** CHESLER, ALAN S  
**Address:** 23340 MIRABELLA CIR  
**City-St-Zip:** BOCA RATON, FL 33433 US

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: JAMES HARTMAN      MGRM      02/23/2012

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