

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000134525

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** AFFORDABLE INSURANCE AND REINSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

3800 NORTH OCEAN DRIVE  
UNIT 1050  
SINGER ISLAND, FL 33404

**New Principal Place of Business:**

8166 KENDRIA COVE TERRACE  
BOYNTON BEACH, FL 33473

**Current Mailing Address:**

3800 NORTH OCEAN DRIVE  
UNIT 1050  
SINGER ISLAND, FL 33404

**New Mailing Address:**

8166 KENDRIA COVE TERRACE  
BOYNTON BEACH, FL 33473

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired (X)**

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

CECCHINI, JR., WALTER R  
3800 NORTH OCEAN DRIVE  
UNIT 1050  
SINGER ISLAND, FL 33404 US

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

CECCHINI, JR., WALTER R  
8166 KENDRIA COVE  
BOYNTON BEACH, FL 33473      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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/17/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CECCHINI, JR., WALTER R  
Address: 8166 KENDRIA COVE TERRACE  
City-St-Zip: BOYNTON BEACH, FL 33473

Title: MGRM  
Name: LAGO, JULIAN E  
Address: 8104 BAUTISTA WAY  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: WALTER R. CECCHINI JR.

MGRM

04/17/2012

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