

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000313

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** CALIBER INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

9201 E. MOUNTAIN VEIW ROAD  
SUITE 210  
SCOTTSDALE, AZ 85258

**New Principal Place of Business:**

**Current Mailing Address:**

9201 E. MOUNTAIN VEIW ROAD  
SUITE 210  
SCOTTSDALE, AZ 85258

**New Mailing Address:**

FEI Number: 26-4005340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: CALIBER FUNDING LLC  
Address: 9201 E MOUNTAIN RD., STE. 210  
City-St-Zip: SCOTTSDALE, AZ 85258

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: JOEL BRENNER

SVP

01/10/2011

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