

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070351

FILED  
Apr 27, 2012  
Secretary of State

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

**Current Principal Place of Business:**

5901 BROKEN SOUND PARKWAY  
400  
BOCA RATON, FL 33487 FL

**New Principal Place of Business:**

12781 NW 73RD STREET  
PARKLAND, FL 33076 FL

**Current Mailing Address:**

5901 BROKEN SOUND PARKWAY  
400  
BOCA RATON, FL 33487 FL

**New Mailing Address:**

12781 NW 73RD STREET  
PARKLAND, FL 33076 FL

**FEI Number:** 27-0598726

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A.R.S. AND ASSOCIATES INC  
20810 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33180 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: MGR  
Name: BAIZAN, CHERYL  
Address: 12781 NW 73RD STREET  
City-St-Zip: PARKLAND, FL 33076 US

Title: MGR  
Name: BAIZAN, GABRIEL  
Address: 12781 NW 73RD STREET  
City-St-Zip: PARKLAND, FL 33076 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: GABRIEL BAIZAN

MGR

04/27/2012

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