

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F29059

**Entity Name:** FAMILY INSURANCE SERVICES, INC.

**Current Principal Place of Business:**

18463 PINES BLVD  
PEMBROKE PIENS, FL 33029

**Current Mailing Address:**

18463 PINES BLVD  
PEMBROKE PINES, FL 33029 US

**FEI Number:** 59-2083376

**Certificate of Status Desired:** No

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

SAMUELS, LEONARD  
350 EAST LAS OLAS BLVD  
STE 1000  
FT LAUDERDALE, FL 33301 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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PMVD  
Name MARINO, BRIAN T.  
Address 3101 S OCEAN DR #2803  
City-State-Zip: HOLLYWOOD FL 33019

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** BRIAN T. MARINO

**MANAGING MEMBER**

**03/13/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date