

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012741

**Entity Name:** MOBILE ASSURANCE SERVICES LLC

**Current Principal Place of Business:**

8267 N PINE ISLAND RD.  
TAMARAC, FL 33321

**Current Mailing Address:**

8267 N. PINE ISLAND RD.  
TAMARAC, FL 33321

**FEI Number:** 20-4248836

**Certificate of Status Desired:** No

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

PERICHI, EUGENIO M  
16428 SAPPHIRE PL  
WESTON, FL 33331 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

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	PERICHI, EUGENIO M	Name	VALENCIA, ANA C
Address	16428 SAPPHIRE PL	Address	16428 SAPPHIRE PL
City-State-Zip:	WESTON FL 33331	City-State-Zip:	WESTON FL 33331

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** EUGENIO PERICHI

**MGR**

**04/29/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date