

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000028223

**Entity Name:** ANDERSON MUSICAL INSTRUMENT INSURANCE SOLUTIONS, LLC

**FILED**  
**Jan 02, 2018**  
**Secretary of State**  
**CC4206681586**

**Current Principal Place of Business:**

1570 LAKEVIEW DRIVE  
STE 2A  
SEBRING, FL 33870-7959

**Current Mailing Address:**

1570 LAKEVIEW DRIVE  
STE 2A  
SEBRING, FL 33870-7959 US

**FEI Number: 26-2211319**

**Certificate of Status Desired: Yes**

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

3H AGENT SERVICES, INC.  
1415 PANTHER LANE  
SUITE 327  
NAPLES, FL 34109 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:** WILLIAM J NIELANDER, ESQ.

01/02/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGING MEMBER  
Name ANDERSON, PETER T  
Address 34535 SPARKLING DRIVE  
City-State-Zip: SEBRING FL 33870-1027

Title AMBR  
Name BRAKE, ANDREW RICHARD  
Address 2636 QUEENSWOOD DRIVE  
City-State-Zip: SEBRING FL 33870-6341

Title AMBR  
Name BRAKE, REBECCA JANE  
Address 2636 QUEENSWOOD DRIVE  
City-State-Zip: SEBRING FL 33870-6341

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

**SIGNATURE:** PETER T ANDERSON

**MANAGING MEMBER**

01/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date