

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000028223

**FILED**  
**Jan 02, 2015**  
**Secretary of State**  
**CC9495467742**

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

**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:**

NIELANDER, WILLIAM J ESQ  
172 E INTERLAKE BLVD  
LAKE PLACID, FL 33852 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.

01/02/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGING MEMBER  
Name           ANDERSON, PETER T  
Address        112 KAROLA DRIVE  
City-State-Zip: SEBRING FL 33870-1078

*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**

01/02/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date