

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000087286

**Entity Name:** A&M INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

1528 STICKNEY POINT RD  
SARASOTA, FL 34231

**Current Mailing Address:**

1528 STICKNEY POINT RD  
SARASOTA, FL 34231

**FEI Number:** 27-3277202

**Certificate of Status Desired:** No

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

DORFMAN, AARON J  
1528 STICKNEY POINT RD  
SARASOTA, FL 34231 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 MGRM  
Name DORFMAN, AARON J  
Address 1528 STICKNEY POINT RD  
City-State-Zip: SARASOTA FL 34231

*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:** AARON DORFMAN

**OWNER**

**04/12/2013**

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date