## **2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005122

**Entity Name: VOLVO INSURANCE SERVICES LLC** 

**Current Principal Place of Business:** 

7025 ALBERT PICK ROAD, STE 105 GREENSBORO, NC 27409

**Current Mailing Address:** 

P.O. BOX 26131

GREENSBORO, NC 27402 61

FEI Number: 56-2092928 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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

**FILED** Mar 04, 2013

**Secretary of State** 

CC7179008458

Authorized Person(s) Detail:

MGR Title MGR Title

Name GUSE, THOMAS W Name DAVIDSON, TERESA D

Address 7025 ALBERT PICK ROAD, STE 105 Address 7025 ALBERT PICK ROAD, STE 105

City-State-Zip: GREENSBORO NC 27409 City-State-Zip: GREENSBORO NC 27409

Title MGR

HAWKES, LEO G Name

Address 7025 ALBERT PICK ROAD, STE 105

GREENSBORO NC 27409 City-State-Zip:

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: TERESA D. DAVIDSON

Electronic Signature of Signing Authorized Person(s) Detail

**MANAGER** 

03/04/2013