

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000028793

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** INSURETEMP SERVICES, LLC

**Current Principal Place of Business:**

4250 GALT OCEAN DR  
15-L  
FORT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

4250 GALT OCEAN DR  
15-L  
FORT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** 74-3067637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DE LA FUENTE, MARIA C  
4250 GALT OCEAN DR 15-L  
FORT LAUDERDALE, FL 33308 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DELAFUENTE, MARIA C  
Address: 4250 GALT OCEAN DR., 15-L  
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGR  
Name: DELAFUENTE, BIENVENIDO J  
Address: 4250 GALT OCEAN DR., 15-L  
City-St-Zip: FORT LAUDERDALE, FL 33308

I hereby certify that the information indicated on this 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.

SIGNATURE: MARIA DELAFUENTE

MGRM

03/07/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date