

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000048892

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** ADVANTECH SOLUTIONS INSURANCE L.L.C.

**Current Principal Place of Business:**

4890 WEST KENNEDY BOULEVARD  
SUITE 500  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4890 WEST KENNEDY BOULEVARD  
SUITE 500  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 59-3578173

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SMOLINSKI, ROBERT A  
4890 WEST KENNEDY BOULEVARD  
SUITE 500  
TAMPA, FL 33609 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:** AGENCY SOLUTIONS INTERNATIONAL, INC.  
**Address:** 4890 WEST KENNEDY BOULEVARD, SUITE 500  
**City-St-Zip:** TAMPA, FL 33609

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: ROBERT A. SMOLINSKI

S/T

04/16/2010

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