2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2009
Secretary of State

DOCUMENT# L05000041286

Entity Name: NACA INSURANCE SERVICES, LLC

Current Principal Place of Business:

1800 SUNSET HARBOUR DRIVE
MARINA SUITE 3
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1800 SUNSET HARBOUR DRIVE
MARINA SUITE 3
MIAMI BEACH, FL 33139

New Mailing Address:

314 EAST DANIA BEACH BOULEVARD
SUITE 303
DANIA BEACH, FL 33004

FEI Number: 20-5386010 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

BURGER, ALAN M ESQ
MCDONALD HOPKINS LLC
505 S. FLAGLER DRIVE, SUITE 300
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

BROWARNIK, MICHAEL W
314 EAST DANIA BEACH BOULEVARD
SUITE 303
DANIA BEACH, FL 33004 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: MICHAEL W BROWARNIK 05/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: NORTH AMERICAN CAPITAL ADVISORS, LLC.
Address: 1800 SUNSET HARBOUR DRIVE; MARINA SUITE 3
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL W BROWARNIK MGR 05/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date