

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000058878

**FILED**  
**Feb 23, 2010**  
**Secretary of State**

**Entity Name:** DBVM INSURANCE SERVICES LLC

**Current Principal Place of Business:**

5350 10TH AVENUE NORTH  
SUITE # 6  
LAKE WORTH, FL 33463 US

**New Principal Place of Business:**

**Current Mailing Address:**

5350 10TH AVENUE NORTH  
SUITE # 6  
LAKE WORTH, FL 33463 US

**New Mailing Address:**

**FEI Number:** 20-2995989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOXEY, DOUGLAS  
5350 10TH AVENUE NORTH  
SUITE # 6  
LAKE WORTH, FL 33463 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:** DOXEY, DOUGLAS  
**Address:** 5350 10TH AVENUE NORTH  
**City-St-Zip:** LAKE WORTH, FL 33463 US

**Title:** MGRM  
**Name:** DOXEY, JOANN  
**Address:** 10900 AVENIDA DEL RIO  
**City-St-Zip:** DELRAY BEACH, FL 33446 US

**Title:** MGRM  
**Name:** DUKEMAN, STUART  
**Address:** 6009 TINLEY DRIVE  
**City-St-Zip:** HAYMARKET, VA 20169 US

**Title:** MGRM  
**Name:** SEELEY, ED  
**Address:** 13981 FLAGTREE PLACE  
**City-St-Zip:** MANASSAS, VA 20112 US

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:** DOUGLAS J DOXEY

MGRM

02/23/2010

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