

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063788

FILED  
Apr 19, 2006  
Secretary of State

Entity Name: APPROVED INSURANCE, LLC

**Current Principal Place of Business:**

15400 BISCAYNE BLVD., SUITE 115  
AVENTURA, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

15400 BISCAYNE BLVD., SUITE 115  
AVENTURA, FL 33160

**New Mailing Address:**

FEI Number: 20-3083299

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

KEINDL, BRUCE  
21215 NE 9TH COURT, STE. 3  
MIAMI, FL 33179 US

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

KEINDL, BRUCE  
2050 NE 161 ST  
NORTH MIAMI BEACH, FL 33162 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:

04/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: KEINDL, BRUCE  
Address: 21215 NE 9TH COURT, STE. 3  
City-St-Zip: MIAMI, FL 33179

Title: MGRM ( ) Delete  
Name: ARAVANIS, JOHN  
Address: 401 SE 10TH STREET, APT. 202B  
City-St-Zip: DANIA BEACH, FL 33004

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KEINDL, BRUCE  
Address: 2050 NE 161 ST  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE KEINDL

PRES

04/19/2006

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