

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000072223

FILED  
Jan 04, 2012  
Secretary of State

**Entity Name:** ALL LINES INSURANCE ASSOCIATES, LLC

**Current Principal Place of Business:**

4400 W HILLSBORO BLVD  
7  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4400 W HILLSBORO BLVD  
7  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**FEI Number:** 20-3190316

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIGIORGIO, ANTHONY JR  
4400 W HILLSBORO BLVD  
7  
COCONUT CREEK, FL 33073 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: DIGIORGIO, ANTHONY JR  
Address: 4400 W HILLSBORO BLVD #7  
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM  
Name: GELLER, MATTHEW M  
Address: 2400 E COMMERCIAL BLVD STE 825  
City-St-Zip: FORT LAUDERDALE, FL 33496

Title: MGRM  
Name: RODRIQUEZ, EDMUNDO  
Address: 2400 E COMMERCIAL BLVD STE 825  
City-St-Zip: FORT LAUDERDALE, FL 33496

Title: MGRM  
Name: WEISS, STEVEN P  
Address: 4400 W HILLSBORO BLVD #5  
City-St-Zip: COCONUT CREEK, FL 33073

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: STEVEN P WEISS

MGRM

01/04/2012

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