

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000005169

**Entity Name:** LTC INSURANCE SERVICES, LLC

**FILED**  
**Jun 14, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

137 SE 40TH ST  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

137 SE 40TH ST  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 01-0854413

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

OBRIEN, JILL A  
137 SE 40TH ST  
CAPE CORAL, FL 33904 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:** MGR  
**Name:** OBRIEN, JILL  
**Address:** 137 SE 40TH ST  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** MGR  
**Name:** OBRIEN, STEPHEN A  
**Address:** 137 SE 40TH ST  
**City-St-Zip:** CAPE CORAL, FL 33904

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:** STEPHEN OBRIEN

MGR

06/14/2010

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