

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000012741

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** MOBILE ASSURANCE SERVICES LLC

**Current Principal Place of Business:**

8267 N PINE ISLAND RD.  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

18331 PINES BLVD.  
# 242  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

8267 N. PINE ISLAND RD.  
TAMARAC, FL 33321

**FEI Number:** 20-4248836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PERICHI, EUGENIO M  
16428 SAPPHIRE PL  
WESTON, FL 33331 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:** PERICHI, EUGENIO M  
**Address:** 16428 SAPPHIRE PL  
**City-St-Zip:** WESTON, FL 33331

**Title:** MGR  
**Name:** VALENCIA, ANA C  
**Address:** 16428 SAPPHIRE PL  
**City-St-Zip:** WESTON, FL 33331

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:** EUGENIO PERICHI

MGR

04/29/2010

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