

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000036357

FILED
Mar 24, 2009
Secretary of State

Entity Name: ADVANCED INSURANCE UNDERWRITERS, LLC

Current Principal Place of Business:

3250 N. 29TH AVENUE
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

3250 N. 29TH AVENUE
HOLLYWOOD, FL 33020

New Mailing Address:

FEI Number: 20-4959726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WYMAN, JASON
3250 N. 29TH AVENUE
HOLLYWOOD, FL 33020 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 () Delete
Name: SHELDON, HARVEY MEMBER
Address: 3250 N 29TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: FLOYD, CHARLOTTE MEMBER
Address: 3250 N 29TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: WYMAN, JASON MEMBER
Address: 3250 N 29TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: MARANTO, CHARLES MEMBER
Address: 3250 N 29TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: OLIVIERI, TODD MEMBER
Address: 3250 N 29TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

Title: MGRM () Delete
Name: HEMPHILL-RADER, CHARLES-KEVIN MEMBERS
Address: 3250 N 29TH AVE
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: CHARLOTTE FLOYD

MGRM

03/24/2009

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