

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038117

FILED  
Jan 07, 2010  
Secretary of State

**Entity Name:** LONGEVITY UNDERWRITERS, LLC

**Current Principal Place of Business:**

18901 NE 29TH AVENUE, SUITE 103  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

18901 NE 29TH AVENUE, SUITE 103  
AVENTURA, FL 33180

**New Mailing Address:**

FEI Number: 20-4720859

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

LAZAR, ADOR  
18901 NE 29TH AVENUE, SUITE 103  
AVENTURA, FL 33180 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: LAZAR, ADOR  
Address: 18901 NE 29TH AVENUE, SUITE 103  
City-St-Zip: AVENTURA, FL 33180

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: ADOR LAZAR

MGMB

01/07/2010

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