

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078582

**FILED**  
**Jul 10, 2008**  
**Secretary of State**

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

**Current Principal Place of Business:**

3201 NE 183RD STREET, SUITE 2208  
AVENTURA, FL 331602486

**New Principal Place of Business:**

**Current Mailing Address:**

3201 NE 183RD STREET, SUITE 2208  
AVENTURA, FL 331602486

**New Mailing Address:**

FEI Number: 20-5353681

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 ( ) Delete  
Name: KONITS, DAVID M  
Address: 3201 NE 183RD STREET, SUITE 2208  
City-St-Zip: AVENTURA, FL 331602486

Title: MGRM ( ) Delete  
Name: AVENTURA HOLDINGS, L, LC  
Address: 3201 NE 183RD STREET, SUITE 2208  
City-St-Zip: AVENTURA, FL 331602486

**ADDITIONS/CHANGES:**

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: TYLEE ROGERS

ASST

07/10/2008

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