

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000029318

**FILED**  
**Jan 20, 2011**  
**Secretary of State**

**Entity Name:** ARNOLD INSURANCE & FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

230 FORREST AVENUE  
COCOA, FL 32922

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 373100  
SATELLITE BEACH, FL 329371100 US

**New Mailing Address:**

**FEI Number:** 75-3234823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ARNOLD, TERRI LYNN  
515 HARWOOD AVENUE  
SATELLITE BEACH, FL 32937 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:** ARNOLD, JAMES M  
**Address:** 515 HARWOOD AVENUE  
**City-St-Zip:** SATELLITE BEACH, FL 32937

**Title:** MGRM  
**Name:** ARNOLD, TERRI LYNN  
**Address:** 515 HARWOOD AVENUE  
**City-St-Zip:** SATELLITE BEACH, FL 32937

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:** TERRI LYNN ARNOLD

MGRM

01/20/2011

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