

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000043203

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** MV INSURANCE CONSULTANTS, LLC

**Current Principal Place of Business:**

1553 SAN IGNACIO AVE.  
CORAL GABLES, FL 33146 US

**New Principal Place of Business:**

1450 MADRUGA AVE  
303  
CORAL GABLES, FL 33146 US

**Current Mailing Address:**

1553 SAN IGNACIO AVE.  
CORAL GABLES, FL 33146 US

**New Mailing Address:**

1450 MADRUGA AVE  
303  
CORAL GABLES, FL 33146 US

**FEI Number:** 26-0384352

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SARAFAN, RICHARD ESQ  
100 SE 2ND STREET  
44TH FLOOR  
MIAMI, FL 33131 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:** DADELAND FINANCIAL ASSOICATES, INC.  
**Address:** 1553 SAN IGNACIO AVE.  
**City-St-Zip:** CORAL GABLES, FL 33146 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** DADELAND FINANCIAL ASSOICATES, INC.  
**Address:** 1450 MADRUGA AVE # 303  
**City-St-Zip:** CORAL GABLES, FL 33146 US

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:** MARIBEL VIEGO

MGRM

04/29/2009

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