

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 21, 2011
Secretary of State

Entity Name: AGUILA INSURANCE SERVICES, LLC

Current Principal Place of Business:

10440 US HIGHWAY 1N, SUITE 107
ST. AUGUSTINE, FL 32095 US

New Principal Place of Business:

Current Mailing Address:

10440 US HIGHWAY 1N, SUITE 107
ST. AUGUSTINE, FL 32095 US

New Mailing Address:

FEI Number: 26-1346523

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

AGUILA, ROBERT M
13493 GEMFIRE COURT
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

AGUILA, ROBERT M
6469 WHITE BLOSSOM CIRCLE
JACKSONVILLE, FL 32258 US

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: ROBERT AGUILA

01/21/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: AGUILA, ROBERT M

Address: 6469 WHITE BLOSSOM CIRCLE

City-St-Zip: JACKSONVILLE, FL 32258 US

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: ROBERT AGUILA

MGR

01/21/2011

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