2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

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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 ( )**

Name and Address of Current Registered Agent:

AGUILA, ROBERT M
6469 WHITE BLOSSOM CIRCLE
JACKSONVILLE, FL 32258 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
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 Statues.

SIGNATURE: ROBERT AGUILA MGR 01/04/2012

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