

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000012542

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED INSURANCE AND FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

1645 N. HIATUS ROAD, #13  
PEMBROKE PINES, FL 33026

**New Principal Place of Business:**

1645 N. HIATUS ROAD  
#13  
PEMBROKE PINES, FL 33026 US

**Current Mailing Address:**

10775 SW 15TH PLACE  
DAVIE, FL 33324 US

**New Mailing Address:**

**FEI Number:** 26-1900410

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COLLINS, RYAN V  
10775 SW 15 PLACE  
DAVIE, FL 33325 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: COLLINS, RYAN  
Address: 10775 SW 15 PLACE  
City-St-Zip: DAVIE, FL 33325 US

Title: MGRM  
Name: ARCE, MARIAM  
Address: 15822 NW 15 COURT  
City-St-Zip: PEMBROKE PINES, FL 33028 US

Title: MGRM  
Name: MCCORMICK, KEVIN JR.  
Address: 2000 NW 108 AVENUE  
City-St-Zip: PEMBROKE PINES, FL 33026 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: RYAN COLLINS

MGRM

04/22/2010

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