

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000021287

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

38452 6TH AVE  
ZEPHYRHILLS, FL 33542

**New Principal Place of Business:**

5833 ARGERIAN DRIVE STE 102  
WESLEY CHAPEL, FL 33545

**Current Mailing Address:**

38452 6TH AVE  
ZEPHYRHILLS, FL 33542

**New Mailing Address:**

5833 ARGERIAN DRIVE STE 102  
WESLEY CHAPEL, FL 33545

**FEI Number:** 35-2328104

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLACK, CHRISTOPHER R  
5755 AUTUMN SHIRE DRIVE  
ZEPHYRHILLS, FL 33542 US

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

BLACK, CHRISTOPHER R  
30617 BITTSBURY CT  
WESLEY CHAPEL, FL 33543 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: CHRISTOPHER R BLACK

01/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BLACK, CHRISTOPHER R  
Address: 30617 BITTSBURY CT  
City-St-Zip: WESLEY CHAPEL, FL 33543

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: CHRISTOPHER R BLACK

MGR

01/18/2012

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