

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000048894

**FILED**  
**Nov 02, 2010**  
**Secretary of State**

**Entity Name:** BRYN INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

14502 N. DALE MABRY HWY.  
SUITE 200  
TAMPA, FL 33618

**New Principal Place of Business:**

140 WHITAKER ROAD  
SUITE A  
LUTZ, FL 33549

**Current Mailing Address:**

14502 N. DALE MABRY HWY.  
SUITE 200  
TAMPA, FL 33618

**New Mailing Address:**

140 WHITAKER ROAD  
SUITE A  
LUTZ, FL 33549

**FEI Number:** 26-2617794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HEIMBACH, MARJORIE  
14502 N. DALE MABRY HWY.  
SUITE 200  
TAMPA, FL 33618 US

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

HEIMBACH, MICHAEL  
14502 N. DALE MABRY HWY.  
SUITE 200  
TAMPA, FL 33618 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: MICHAEL HEIMBACH

11/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HEIMBACH, MICHAEL  
Address: 14502 N. DALE MABRY HWY., SUITE 200  
City-St-Zip: TAMPA, FL 33618

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: MICHAEL HEIMBACH

MGRM

11/02/2010

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