

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000091103

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** AIM INSURANCE SERVICES LLC

**Current Principal Place of Business:**

8358 W OAKLAND PARK BLVD.  
103  
SUNRISE, FL 33351 US

**New Principal Place of Business:**

**Current Mailing Address:**

8358 W OAKLAND PARK BLVD.  
103  
SUNRISE, FL 33351 US

**New Mailing Address:**

**FEI Number:** 26-3422355

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

O'HEARN, JAMES J  
2466 NE 17TH COURT  
JENSEN BEACH, FL 34957 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: MULLER, ANNE ISABELLE  
Address: 8358 WEST OAKLAND PARK BLVD. #103  
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR  
Name: GELIN, MARIE  
Address: 8358 WEST OAKLAND PARK BLVD. #103  
City-St-Zip: SUNRISE, FL 33351 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: MARIE GELIN

MGR

04/01/2011

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