# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jun 26, 2009**
**Secretary of State**

DOCUMENT# L08000104479

**Entity Name:** AM INSURANCE AND FINANCIAL SERVICES LLC.

**Current Principal Place of Business:**

2390 TAMIAMI TRAIL N, STE 210
NAPLES, FL 34103

**New Principal Place of Business:**

**Current Mailing Address:**

2390 TAMIAMI TRAIL N, STE 210
NAPLES, FL 34103

**New Mailing Address:**

**FEI Number: 26-3683461** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

ORTIZ, SILVIO
4548 31ST PLACE SW
NAPLES, FL 34116 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: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition
Name: ORTIZ, SILVIO
Address: 2390 TAMIAMI TRL N SUITE 210
City-St-Zip: NAPLES, FL 34103 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SILVIO ORTIZ MGR 06/26/2009

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