

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000105207

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** SELECTMED INSURANCE SERVICES LLC

**Current Principal Place of Business:**

7779 NW 146 STREET  
MIAMI LAKES, FL 33016 US

**New Principal Place of Business:**

**Current Mailing Address:**

15476 NW 77 CT  
# 292  
MIAMI LAKES, FL 33016 US

**New Mailing Address:**

**FEI Number:** 26-3697788      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ARENCIBIA, JOSE L  
7779 NW 146 STREET  
MIAMI LAKES, FL 33016 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:** ARENCIBIA, JOSE L  
**Address:** 7779 NW 146 STREET  
**City-St-Zip:** MIAMI LAKES, FL 33016 US

**Title:** MGR  
**Name:** BERNSTEIN, JENNIFER  
**Address:** 7779 NW 146 STREET  
**City-St-Zip:** MIAMI LAKES, FL 33016 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:** JOSE ARENCIBIA

MGR

02/17/2011

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