

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000109576

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** TORRES INSURANCE GROUP LLC

**Current Principal Place of Business:**

3750 NW 87TH AVE  
SUITE 250  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

3750 NW 87TH AVE  
SUITE 250  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 26-3781414

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TORRES, FRANCISCO  
8750 NW 36 STREET  
SUITE 240  
MIAMI, FL FL 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:** MGRM  
**Name:** TORRES, FRANCISCO  
**Address:** 7740 SW 75 TERRACE  
**City-St-Zip:** MIAMI, FL 33143

**Title:** VP  
**Name:** TORRES SR., FRANCISCO A  
**Address:** 7740 SW 75 TERRACE  
**City-St-Zip:** MIAMI, FL 33143

**Title:** VP  
**Name:** TORRES, YOLANDA  
**Address:** 5041 NW 93RD DORAL CIR. E  
**City-St-Zip:** MIAMI, FL 33178

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:** FRANCISCO TORRES

MGRM

02/16/2011

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