

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112187

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** BROTHERS INSURANCE LLC

**Current Principal Place of Business:**

7525 NW 61 TERRACE  
#604  
PARKLAND, FL 33067

**New Principal Place of Business:**

4400 WEST HILLSBORO BLVD  
7  
COCONUT CREEK, FL 33073

**Current Mailing Address:**

7525 NW 61 TERRACE  
#604  
PARKLAND, FL 33067

**New Mailing Address:**

4400 WEST HILLSBORO BLVD  
7  
COCONUT CREEK, FL 33073

**FEI Number:** 26-3858785

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STUART M ROTMAN CPA PA  
4700 N STATE ROAD 7  
STE 208  
FORT LAUDERDALE, FL 33319 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: DIGIORGIO, ANTHONY JR  
Address: 4145 NW 65 AVENUE  
City-St-Zip: CORAL SPRINGS, FL 33067

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: ANTHONY DIGIORGIO JR.

MGRM

01/05/2011

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