

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000112187

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** BROTHERS INSURANCE LLC

**Current Principal Place of Business:**

4400 WEST HILLSBORO BLVD  
7  
COCONUT CREEK, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

4400 WEST HILLSBORO BLVD  
7  
COCONUT CREEK, FL 33073

**New Mailing Address:**

**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:**

STUART M ROTMAN CPA PA  
8551 W SUNRISE BLVD  
100A  
SUNRISE, FL 33322 US

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:

01/04/2012

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

01/04/2012

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