

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000000428

**FILED**  
**Mar 07, 2011**  
**Secretary of State**

**Entity Name:** INTERNATIONAL INSURANCE DISTRIBUTORS, LLC

**Current Principal Place of Business:**

2929 E COMMERCIAL BLVD, PH-B  
FT. LAUDERDALE, FL 33308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2929 E COMMERCIAL BLVD, PH-B  
FT. LAUDERDALE, FL 33308 US

**New Mailing Address:**

**FEI Number:** 26-3957940

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CURRIE, DANIEL A  
1870 SIESTA DR  
SARASOTA, FL 34239 US

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

CURRIE, DANIEL A  
2057 NE 11 AVE  
WILTON MANORS, FL 33305 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: DANIEL A CURRIE

03/07/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CURRIE, DANIEL A  
Address: 2057 NE 11 AVE  
City-St-Zip: WILTON MANORS, FL 33305 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: DANIEL A CURRIE

MGRM

03/07/2011

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