

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000002395

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

**Entity Name:** PRIVATE CLIENT INSURANCE ADVISORS, LLC

**Current Principal Place of Business:**

201 SOUTH BISCAYNE BLVD. 34 FLOOR  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

3625 ANDERSON ROAD  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 26-4500082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

REATEGUI, FERNANDO E  
3625 ANDERSON ROAD  
CORAL GABLES, FL 33134 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:** REATEGUI, FERNANDO E  
**Address:** 3625 ANDERSON ROAD  
**City-St-Zip:** CORAL GABLES, FL 33134

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: FERNANDO E. REATEGUI

MGER

02/16/2011

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