

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000048683

**FILED**  
**Apr 12, 2011**  
**Secretary of State**

**Entity Name:** AMERICANWIDE INSURANCE LLC

**Current Principal Place of Business:**

9594 NW 41ST STREET STE 206  
DORAL, FL 33178 US

**New Principal Place of Business:**

9594 NW 41ST STREET STE 106  
DORAL, FL 33178 US

**Current Mailing Address:**

9594 NW 41ST STREET STE 206  
DORAL, FL 33178 US

**New Mailing Address:**

9594 NW 41ST STREET STE 106  
DORAL, FL 33178 US

**FEI Number:** 27-0202199

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ZUCHAER, MOSHE  
9594 NW 41ST STREET  
SUITE 206  
DORAL, FL 33178 US

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

ZUCHAER, MOSHE  
9594 NW 41ST STREET  
SUITE 106  
DORAL, FL 33178 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: MOSHE ZUCHAER

04/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: ZUCHAER, MOSHE  
Address: 9594 NW 41ST STREET STE 106  
City-St-Zip: DORAL, FL 33178 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: MOSHE ZUCHAER

MGR

04/12/2011

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