

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000051510

FILED
Jan 05, 2010
Secretary of State

Entity Name: AXOCH INSURANCE ASSOCIATES, LLC

Current Principal Place of Business:

1211 NW 29TH WAY
FORT LAUDERDALE, FL 33311 BR

New Principal Place of Business:

4321 NW 15TH AVE.
FORT LAUDERDALE, FL 33309 BR

Current Mailing Address:

1445 WEST BROWARD BLVD
FORT LAUDERDALE, FL 33312 BR

New Mailing Address:

4321 NW 15TH AVE.
FORT LAUDERDALE, FL 33309 BR

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HOWARD, JOHN W MGT. DI
1211 NW 29TH WAY
FORT LAUDERDALE, FL 33311 US

Name and Address of New Registered Agent:

HOWARD, JOHN W MGT. DI
4321 NW 15TH AVE.
FORT LAUDERDALE, FL 33309 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: _____

Electronic Signature of Registered Agent

01/05/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: HOWARD, JOHN W
Address: 4321 NW 15TH AVE.
City-St-Zip: FORT LAUDERDALE, FL 33309

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: JOHN W. HOWARD

M.DI

01/05/2010

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