

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000057511

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

**Entity Name:** HEIDRICK & COMPANY INSURANCE AND RISK MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

779 PYRULA AVE.  
SANIBEL, FL 33957

**New Principal Place of Business:**

1648 PERIWINKLE WAY STE A  
SANIBEL, FL 33957

**Current Mailing Address:**

P.O. BOX 59  
SANIBEL, FL 33957

**New Mailing Address:**

**FEI Number:** 27-0357489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HEIDRICK, CHRISTOPHER W  
779 PYRULA AVE  
SANIBEL, FL 33957 US

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

HEIDRICK, CHRISTOPHER W  
1648 PERIWINKLE WAY STE A  
SANIBEL, FL 33957 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: CHRISTOPHER W HEIDRICK

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HEIDRICK, CHRISTOPHER W  
Address: 779 PYRULA AVE  
City-St-Zip: SANIBEL, FL 33957

Title: MGRM  
Name: HEIDRICK, LISA W  
Address: 779 PYRULA AVE  
City-St-Zip: SANIBEL, FL 33957

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: CHRISTOPHER W HEIDRICK

MRGM

01/04/2012

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