

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000071241

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SEBOLI'S AUTO INSURANCE, LLC

**Current Principal Place of Business:**

4349 10TH AVE. N  
LAKE WORTH, FL 33461

**New Principal Place of Business:**

**Current Mailing Address:**

4349 10TH AVE. N  
LAKE WORTH, FL 33461

**New Mailing Address:**

**FEI Number:** 80-0447557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOUYON, SERGE  
1616 NW 4 ST  
BOCA RATON, FL 33486 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: MGR  
Name: DOUYON, SERGE  
Address: 1616 NW 4 ST  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR  
Name: DOUYON, STEPHANIE  
Address: 1616 NW 4 ST  
City-St-Zip: BOCA RATON, FL 33486

Title: MGR  
Name: DANIEL, VALERIE  
Address: 678 SIESTA KEY CRICLE APT 2221  
City-St-Zip: DEERFIELD BEACH, FL 33441

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: SERGE DOUYON

MGR

04/29/2011

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