

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000071359

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** ORGANIC LIAISON LIFE INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

1515 UNIVERSITY DR, STE 222  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1515 UNIVERSITY DR, STE 222  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

**FEI Number:** 27-0776794

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FUERST, MITCHELL S ESQ.  
1001 BRICKELL BAY DRIVE, SUITE 2002  
MIAMI, FL 33131 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:** ORGANIC LIAISON MANAGEMENT, INC.  
**Address:** 1100 NORTH OSCEOLA AVENUE  
**City-St-Zip:** CLEARWATER, FL 33755

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: ORGANIC LIAISON MANAGEMENT, INC

MGR

04/22/2011

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