

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000078480

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** FIELDS INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

5601 N. DIXIE HWY  
SUITE 420  
FT. LAUDERDALE, FL 33334

**New Principal Place of Business:**

552 DEER CREEK RUN  
DEERFIELD BEACH, FL 33442

**Current Mailing Address:**

5601 N. DIXIE HWY  
SUITE 420  
FT. LAUDERDALE, FL 33334

**New Mailing Address:**

552 DEER CREEK RUN  
DEERFIELD BEACH, FL 33442

**FEI Number:** 27-0786014

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WIENER, MARVIN I ESQ.  
2121 PONCE DE LEON BLVD.  
SUITE 900  
CORAL GABLES, FL 33134 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: FIELDS, ANDY  
Address: 552 DEER CREEK RUN  
City-St-Zip: DEERFIELD BEACH, FL 33442

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: ANDREW FIELDS

MGR

01/05/2011

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