

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000080698

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** SSLJ INSURANCE CONSULTANTS, LLC

**Current Principal Place of Business:**

8365 PINES BOULEVARD  
PEMBROKE PINES, FL 33024 US

**New Principal Place of Business:**

17913 NW 7TH STREET  
101  
PEMBROKE PINES, FL 33029 US

**Current Mailing Address:**

10746 CHARLESTON PLACE  
COOPER CITY, FL 33026 US

**New Mailing Address:**

**FEI Number:** 27-0776072      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MARX, STEVEN J  
10746 CHARLESTON PLACE  
COOPER CITY, FL 33026 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:** MARX, STEVEN J  
**Address:** 10746 CHARLESTON PLACE  
**City-St-Zip:** COOPER CITY, FL 33026 US

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: STEVEN J. MARX

MGR

01/06/2011

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