

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000091665

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** ASSOCIATION INSURANCE SPECIALISTS, LLC

**Current Principal Place of Business:**

ONE BEACH DRIVE  
SUITE 230  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

ONE BEACH DRIVE SE  
SUITE 230  
ST. PETERSBURG, FL 33701 US

**Current Mailing Address:**

ONE BEACH DRIVE  
SUITE 230  
ST. PETERSBURG, FL 33701 US

**New Mailing Address:**

ONE BEACH DRIVE SE  
SUITE 230  
ST. PETERSBURG, FL 33701 US

FEI Number: 27-0978390

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DELVECCHIO, LISA S  
1925 EAST 2ND AVENUE  
TAMPA, FL 33605 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: MGRM  
Name: BERSET, DEREK S  
Address: ONE BEACH DRIVE, SUITE 230  
City-St-Zip: ST. PETERSBURG, FL 33701 US

Title: MGRM  
Name: SIERRA, MARK  
Address: ONE BEACH DRIVE, SUITE 230  
City-St-Zip: ST. PETERSBURG, FL 33701 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: DEREK S BERSET

MGRM

02/16/2010

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