

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000114380

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** DNS INSURANCE GROUP, LLC

**Current Principal Place of Business:**

7284 WEST PALMETTO PARK ROAD, STE 205  
BOCA RATON, FL 33433

**New Principal Place of Business:**

**Current Mailing Address:**

7284 WEST PALMETTO PARK ROAD, STE 205  
BOCA RATON, FL 33433

**New Mailing Address:**

**FEI Number:** 27-1404698

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BERKOWITZ, IAN M ESQ  
2101 NW CORPORATE BOULEVARD, STE 300  
BOCA RATON, FL 33431 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: STEINART, NATHAN  
Address: 7284 WEST PALMETTO PARK ROAD, STE 205  
City-St-Zip: BOCA RATON, FL 33433

Title: MGRM  
Name: STEINART, DEBRA  
Address: 7284 WEST PALMETTO PARK ROAD, STE 205  
City-St-Zip: BOCA RATON, FL 33433

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: NATHAN STEINART

MGRM

04/26/2010

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