

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000118136

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** D'ANDRE INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

13764 WHISPERING LAKES LANE  
PALM BEACH GARDENS, FL 33418

**New Principal Place of Business:**

3540 LOQUAT AVENUE  
MIAMI, FL 33133

**Current Mailing Address:**

13764 WHISPERING LAKES LANE  
PALM BEACH GARDENS, FL 33418

**New Mailing Address:**

3540 LOQUAT AVENUE  
MIAMI, FL 33133

**FEI Number:** 27-1466283

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SHENKMAN, PHILIP  
12901 SW 132 AVENUE  
MIAMI, FL 33186 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: D'ANDRE, CARLA  
Address: 3540 LOQUAT AVENUE  
City-St-Zip: MIAMI, FL 33133

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: CARLA D'ANDRE

P

04/28/2011

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