

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000001108

Entity Name: FAMILY ASSURANCE LLC

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

595 S FEDERAL HWY  
STE 600  
BOCA RATON, FL 33432

## **New Principal Place of Business:**

1500 W CYPRESS CREEK ROAD  
STE 105  
FORT LAUDERDALE, FL 33309

## **Current Mailing Address:**

595 S FEDERAL HWY  
STE 600  
BOCA RATON, FL 33432

## **New Mailing Address:**

1500 W CYPRESS CREEK ROAD  
STE 105  
FORT LAUDERDALE, FL 33309

FEI Number: 27-1826350

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WATON, SCOTT  
595 S FEDERAL HWY  
STE 600  
BOCA RATON, FL 33432 US

## **Name and Address of New Registered Agent:**

WATON, SCOTT  
1500 W CYPRESS CREEK RD  
STE 105  
FORT LAUDERDALE, FL 33309 US

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:

04/26/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHIELDS, KEVIN  
Address: 609 DARLINGTON RD  
City-St-Zip: MEDIA, PA 19063

Title: MGR  
Name: WATON, SCOTT  
Address: 1483 ESTUARY TRAIL  
City-St-Zip: DELRAY BEACH, FL 33383

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: SCOTT WATON

MGR

04/26/2012

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