

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000018027

**FILED**  
**Sep 14, 2011**  
**Secretary of State**

**Entity Name:** LIFE, HEALTH AND CASUALTY INSURANCE ADVISORS, LLC

**Current Principal Place of Business:**

9228 EQUUS CIR.  
BOYNTON BEACH, FL 33472

**New Principal Place of Business:**

**Current Mailing Address:**

9228 EQUUS CIR.  
BOYNTON BEACH, FL 33472

**New Mailing Address:**

**FEI Number:** 27-1923966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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:** SCHELLER, ROBERT F  
**Address:** 9228 EQUUS CIR.  
**City-St-Zip:** BOYNTON BEACH, FL 33472

**Title:** S  
**Name:** SCHELLER, ROBERT F  
**Address:** 9228 EQUUS CIR.  
**City-St-Zip:** BOYNTON BEACH, FL 33472

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:** ROBERT F. SCHELLER

MGR

09/14/2011

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