

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000028509

**FILED**  
**Apr 06, 2011**  
**Secretary of State**

**Entity Name:** KEATING/MOORE INSURANCE HOLDINGS, LLC

**Current Principal Place of Business:**

10276 RIVERSIDE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Principal Place of Business:**

**Current Mailing Address:**

10276 RIVERSIDE DRIVE  
PALM BEACH GARDENS, FL 33410

**New Mailing Address:**

**FEI Number:** 27-2198161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KEATING, JOSEPH M JR  
10276 RIVERSIDE DRIVE  
PALM BEACH GARDENS, FL 33410 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: OFF  
Name: KEATING, JOSEPH M JR.  
Address: 10276 RIVERSIDE DRIVE  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: OFF  
Name: MOORE, TIMOTHY J  
Address: 10276 RIVERSIDE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410

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: JOSEPH M KEATING, JR.

RA

04/06/2011

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