

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000050040

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**Entity Name:** DONNA CARRARA INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

8616 ST. RD. 84  
DAVIE, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8616 ST. RD. 84  
DAVIE, FL 33324

**New Mailing Address:**

**FEI Number:** 27-2542186

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARRARA, DONNA  
19172 NW 23 STREET  
PEMBROKE PINES, FL 33029 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:** CARRARA, DONNA  
**Address:** 8616 ST. RD. 84  
**City-St-Zip:** DAVIE, FL 33324

**Title:** MGR  
**Name:** CARRARA, JOSEPH  
**Address:** 8616 ST. RD. 84  
**City-St-Zip:** DAVIE, FL 33324

**Title:** MGR  
**Name:** CARRARA, CHRISTINA  
**Address:** 8616 ST. RD. 84  
**City-St-Zip:** DAVIE, FL 33324

**Title:** P  
**Name:** CARRARA, DONNA  
**Address:** 8616 ST. RD. 84  
**City-St-Zip:** DAVIE, FL 33324

**Title:** VP  
**Name:** CARRARA, JOSEPH  
**Address:** 8616 ST. RD. 84  
**City-St-Zip:** DAVIE, FL 33324

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:** DONNA CARRARA

PRES

01/11/2011

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