

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000050040

FILED
Jan 06, 2012
Secretary of State

Entity Name: DONNA CARRARA INSURANCE AGENCY, LLC

Current Principal Place of Business:

8390 STATE ROAD 84
DAVIE, FL 33324

New Principal Place of Business:

Current Mailing Address:

8390 STATE ROAD 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: 8390 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: MGR
Name: CARRARA, JOSEPH
Address: 8390 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: MGR
Name: CARRARA, CHRISTINA
Address: 8390 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: P
Name: CARRARA, DONNA
Address: 8390 STATE ROAD 84
City-St-Zip: DAVIE, FL 33324

Title: VP
Name: CARRARA, JOSEPH
Address: 8390 STATE ROAD 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

OWNR

01/06/2012

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