

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000066495

Entity Name: KEYES INSURANCE LLC

**FILED**  
**Apr 03, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

5000 SW 75 AVENUE, STE. 301  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

5000 SW 75 AVENUE, STE. 301  
MIAMI, FL 33155

**New Mailing Address:**

FEI Number: 27-2904580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PLASKETT, MILES L  
200 SOUTH BISCAYNE BOULEVARD SUITE 3400  
MIAMI, FL 331312397 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: MGRM  
Name: GALLAGHER PROPERTY AND CASUALTY, LLC  
Address: 5000 SW 75 AVENUE, STE. 301  
City-St-Zip: MIAMI, FL 33155

Title: MGRM  
Name: KFINS, LLC  
Address: 2121 SW THIRD AVENUE SUITE 200  
City-St-Zip: MIAMI, FL 331291458

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: GALLAGHER PROPERTY AND CASUALTY, LLC

MGRM

04/03/2012

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