

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000067345

FILED
Apr 26, 2011
Secretary of State

Entity Name: DM LEGACY INSURANCE LLC

Current Principal Place of Business:

2929 SW THIRD AVE SUITE 330
MIAMI, FL 331292710

New Principal Place of Business:

135 SAN LORENZO AVENUE
PH 840
CORAL GABLES, FL 33146 US

Current Mailing Address:

2929 SW THIRD AVE SUITE 330
MIAMI, FL 331292710

New Mailing Address:

135 SAN LORENZO AVENUE
PH 840
CORAL GABLES, FL 33146 US

FEI Number: 80-0616730

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WAYNE, GEOFFREY M ESQ
2929 SW THIRD AVE SUITE 330
MIAMI, FL 331292710 US

Name and Address of New Registered Agent:

WAYNE, GEOFFREY M ESQ
135 SAN LORENZO AVENUE
PH 840
CORAL GABLES, FL 33146 US

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:

04/26/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PVP
Name: MALDONADO, DHARLA
Address: 135 SAN LORENZO AVENUE, PH 840
City-St-Zip: CORAL GABLES, FL 33146 US

Title: T
Name: ROMER, CARLOSG
Address: 135 SAN LORENZO AVENUE, PH 840
City-St-Zip: CORAL GABLES, FL 33146 US

Title: S
Name: OLIVEROS, CARLOS
Address: 135 SAN LORENZO AVENUE
City-St-Zip: CORAL GABLES, FL 33146 US

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: GEOFFREY M. WAYNE

RA

04/26/2011

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