

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095781

**FILED**  
**Apr 28, 2011**  
**Secretary of State**

**Entity Name:** AMERIWIDE INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

19455 SHUMARD OAK DR.  
SUITE# 102  
LAND O' LAKES, FL 34638

**New Principal Place of Business:**

**Current Mailing Address:**

19455 SHUMARD OAK DR.  
SUITE# 102  
LAND O' LAKES, FL 34638

**New Mailing Address:**

**FEI Number:** 27-3598854

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PATEL, HARSHAD B  
27729 SUMMER PLACE DR  
WESLEY CHAPEL, FL 33544 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:** PATEL, HARSHAD B  
**Address:** 27729 SUMMER PLACE DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

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:** HARSHAD PATEL

MGRM

04/28/2011

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