

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000107221

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** ROY JACOBS INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

2990 GRIFFIN RD  
FORT LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

2990 GRIFFIN RD  
FORT LAUDERDALE, FL 33312

**New Mailing Address:**

**FEI Number:** 27-3681669

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

JACOBS, ROY PRES.  
2990 GRIFFIN ROAD  
FT. LAUDERDALE, FL 33312 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: ROY JACOBS

01/04/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: JACOBS, ROY  
Address: 2990 GRIFFIN RD  
City-St-Zip: FORT LAUDERDALE, FL 33312

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: ROY JACOBS

PRES

01/04/2012

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