2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2012
Secretary of State

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Entity Name: AVENTURA SUNNY ISLES BEACH CHAMBER INSURANCE SERVICES, LLC

Current Principal Place of Business:

19195 MYSTIC POINTE DRIVE
#305
AVENTURA, FL 33180

New Principal Place of Business:

Current Mailing Address:

19195 MYSTIC POINTE DRIVE
#305
AVENTURA, FL 33180

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINSTON, LESLEY
19195 MYSTIC POINTE DR
#305
AVENTURA, FL 33180 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: WINSTON, LESLEY
Address: 19195 MYSTIC POINTE DRIVE #305
City-St-Zip: AVENTURA, FL 33180

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 Statues.

SIGNATURE: LESLEY WINSTON MGRM 05/02/2012

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