

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035560

**FILED**  
**Mar 06, 2012**  
**Secretary of State**

**Entity Name:** DB INSURANCE AGENCY LLC

**Current Principal Place of Business:**

305 NE 2 DRIVE  
HOMESTEAD, FL 33030

**New Principal Place of Business:**

**Current Mailing Address:**

305 NE 2 DRIVE  
HOMESTEAD, FL 33030

**New Mailing Address:**

**FEI Number:** 45-0691490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BOYER, JUNIOR  
305 NE 2 DRIVE  
HOMESTEAD, FL 33030 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:** CEO  
**Name:** BOYER, JUNIOR  
**Address:** 305 NE 2 DRIVE  
**City-St-Zip:** HOMESTEAD, FL 33030

**Title:** CFO  
**Name:** DESIR, EMMANUEL J SR  
**Address:** 2001 NORT DIXIE HWY STE D  
**City-St-Zip:** POMPANO BEACH, FL 33060

**Title:** COO  
**Name:** BOYER, GARY  
**Address:** 26216 SW 135 AVE  
**City-St-Zip:** HOMESTEAD, FL 33032

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:** JUNIOR BOYER

CEO

03/06/2012

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