

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000125213

FILED  
Jan 26, 2012  
Secretary of State

**Entity Name:** BROWARD INSURANCE LLC

**Current Principal Place of Business:**

1344 N. STATE ROAD 7  
MARGATE, FL 06066

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1001  
VERNON, CT 06066

**New Mailing Address:**

FEI Number: 45-3724105

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAWICKI, JOSHUA  
1344 N. STATE ROAD 7  
MARGATE, FL 33063 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: SAWICKI INSURANCE AGENCY  
Address: 55 TALCOTT AVE  
City-St-Zip: VERNON, CT 06066

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: JOSHUA SAWICKI

MGRM

01/26/2012

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