

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000125881

**FILED**  
**Feb 02, 2012**  
**Secretary of State**

**Entity Name:** MCMAHON INSURANCE LLC

**Current Principal Place of Business:**

3001 PONCE DE LEON BLVD., STE. 211  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

5400 SOUTH UNIVERSITY DRIVE  
604  
DAVIE, FL 33328

**Current Mailing Address:**

3001 PONCE DE LEON BLVD., STE. 211  
CORAL GABLES, FL 33134

**New Mailing Address:**

5400 SOUTH UNIVERSITY DRIVE  
604  
DAVIE, FL 33328

**FEI Number:** 45-3742681

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCMAHON, PATRICK  
3001 PONCE DE LEON BLVD., STE. 211  
CORAL GABLES, FL 33134 US

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

MCMAHON, PATRICK  
5400 SOUTH UNIVERSITY DRIVE  
604  
DAVIE, FL 33328 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:

02/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCMAHON, PATRICK  
Address: 5400 SOUTH UNIVERSITY DRIVE #604  
City-St-Zip: DAVIE, FL 33328

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: PATRICK MCMAHON

MGR

02/02/2012

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