

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000136464

**Entity Name:** 4-K ASSURANCE SERVICES, LLC

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

**Current Principal Place of Business:**

9155 PERTH ROAD  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

**Current Mailing Address:**

9155 PERTH ROAD  
LAKE WORTH, FL 33467

**New Mailing Address:**

**FEI Number:** 45-3965632

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOEPKA, SHERRY L  
9155 PERTH ROAD  
LAKE WORTH, FL, FL 33467 US

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

KOEPKA, SHERRY L  
9155 PERTH ROAD  
LAKE WORTH, FL 33467 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: \_\_\_\_\_

Electronic Signature of Registered Agent

04/02/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: KOEPKA, SHERRY L  
Address: 9155 PERTH ROAD  
City-St-Zip: LAKE WORTH, FL 33467

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: SHERRY KOEPKA

P

04/02/2012

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