

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000000154

FILED  
Apr 11, 2011  
Secretary of State

**Entity Name:** CROWN INSURANCE CONSULTING, L.C.

**Current Principal Place of Business:**

1101 BRICKELL AVE  
STE 206  
MIAMI, FL 33131

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 468  
NORFOLK, CT 06058

**New Mailing Address:**

FEI Number: 65-0739804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRAUN, GUSTAV P  
1110 BRICKELL AVE  
STE 206  
MIAMI, FL 33131 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: BRAUN, GUSTAV P  
Address: 360 NORTH ST  
City-St-Zip: NORFOLK, CT 06058

Title: MGR  
Name: BRAUN, THERESE D  
Address: 360 NORTH ST  
City-St-Zip: NORFOLK, CT 06058

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: GUSTAV BRAUN

MGRM

04/11/2011

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