

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000005067

**FILED**  
**Apr 22, 2010**  
**Secretary of State**

**Entity Name:** PACIFIC WHOLESALE INSURANCE BROKERS, LLC

**Current Principal Place of Business:**

2470 SATELLITE BOULEVARD, SITE 130  
DULUTH, GA 30096

**New Principal Place of Business:**

**Current Mailing Address:**

2470 SATELLITE BOULEVARD, SITE 130  
DULUTH, GA 30096

**New Mailing Address:**

4501 CIRCLE 75 PARKWAY  
SUITE F6200  
ATLANTA, GA 30339

**FEI Number:** 71-0933346

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATIONAL CORPORATE RESEARCH, LTD., INC.  
515 E. PARK AVE.  
TALLAHASSEE, FL 32301 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: MGR  
Name: NAIL, CHARLES  
Address: 2470 SATELLITE BOULEVARD, SITE 130  
City-St-Zip: DULUTH, GA 30096

Title: MGR  
Name: CASTLE, KRIS  
Address: 10730 PACIFIC ST, STE 247  
City-St-Zip: OMAHA, NE 68114

Title: MGR  
Name: HARRELL, BRUCE  
Address: 2470 SATELLITE BLVD, STE 130  
City-St-Zip: DULUTH, GA 30096

Title: MGR  
Name: ROPPELT, RANDY  
Address: 2470 SATELLITE BLVD, STE 130  
City-St-Zip: DULUTH, GA 30096

Title: MGR  
Name: LIPPINCOTT, GRANT  
Address: 10730 PACIFIC ST, STE 247  
City-St-Zip: OMAHA, NE 68114

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:** BRUCE HARRELL

PRES

04/22/2010

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