

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006253

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** ALLIED NORTH AMERICA INSURANCE BROKERAGE OF FLORIDA, LLC

**Current Principal Place of Business:**

550 BILTMORE WAY, PH-2B  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

200 E. RANDOLPH ST.  
CHICAGO, IL 60601

**Current Mailing Address:**

390 N BROADWAY  
JERICO, NY 11753

**New Mailing Address:**

200 E. RANDOLPH ST.  
CHICAGO, IL 60601

**FEI Number:** 02-0720395

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: KRAFT, JENNIFER L  
Address: 200 E. RANDOLPH ST.  
City-St-Zip: CHICAGO, IL 60601

Title: MGR  
Name: HAGY, PAUL A  
Address: 200 E. RANDOLPH ST.  
City-St-Zip: CHICAGO, IL 60601

Title: MGR  
Name: LEVAUGHN HOOSKR, HAROLD JR.  
Address: 200 E. RANDOLPH ST.  
City-St-Zip: CHICAGO, IL 60601

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: HAROLD LEVAUGHN HOOKS JR.

MGR

04/19/2010

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