

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000000797

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NEWTEK INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

301 MEXICO BOULEVARD  
BROWNSVILLE, TX 78520 US

**New Principal Place of Business:**

301 MEXICO BOULEVARD  
SUITE H4-A  
BROWNSVILLE, TX 78520 US

**Current Mailing Address:**

301 MEXICO BOULEVARD  
BROWNSVILLE, TX 78520 US

**New Mailing Address:**

301 MEXICO BOULEVARD  
SUITE H4-A  
BROWNSVILLE, TX 78520 US

FEI Number: 56-2383514

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:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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

04/30/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SLOANE, BARRY  
Address: 1440 BROADWAY, 17TH FLOOR  
City-St-Zip: NEW YORK, NY 10018

Title: MGR  
Name: BRUNET, CRAIG J  
Address: 1440 BROADWAY, 17TH FLOOR  
City-St-Zip: NEW YORK, NY 10018

Title: MGRM  
Name: NEWTEK BUSINESS SERVICES, INC.  
Address: 1440 BROADWAY, 17TH FLOOR  
City-St-Zip: NEW YORK, NY 10018

Title: MGR  
Name: ASH, MATTHEW G  
Address: 8608 DARBY PLACE  
City-St-Zip: BETHESDA, MD 20817

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: BARRY SLOANE

MGR

04/30/2012

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