

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000002854

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** LAPRE SCALI & COMPANY INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

8201 N HAYDEN RD  
SCOTTSDALE, AZ 85258

**New Principal Place of Business:**

**Current Mailing Address:**

8201 N. HAYDEN ROAD  
SCOTTSDALE, AZ 85258

**New Mailing Address:**

8201 N HAYDEN RD  
SCOTTSDALE, AZ 85258

**FEI Number:** 20-4227865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE, STE. 4  
WESTON, FL 33331 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:** SCALI, TERRENCE M  
**Address:** 8201 N HAYDEN RD  
**City-St-Zip:** SCOTTSDALE, AZ 85258

**Title:** MGRM  
**Name:** LAPRE, MICHAEL D  
**Address:** 8201 N HAYDEN RD  
**City-St-Zip:** SCOTTSDALE, AZ 85258

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:** TERRENCE SCALI

MGRM

01/05/2011

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