

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000004576

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** MULLINTBG INSURANCE AGENCY SERVICES, LLC

**Current Principal Place of Business:**

100 NORTH SEPULVEDA BLVD.  
SUITE 500  
EL SEGUNDO, CA 90245

**New Principal Place of Business:**

100 NORTH SEPULVEDA BLVD.  
SUITE 500  
EL SEGUNDO, CA 90245 US

**Current Mailing Address:**

100 NORTH SEPULVEDA BLVD.  
SUITE 500  
EL SEGUNDO, CA 90245

**New Mailing Address:**

100 NORTH SEPULVEDA BLVD.  
SUITE 500  
EL SEGUNDO, CA 90245 US

**FEI Number:** 20-4106571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MC INSURANCE AGENCY SERVICES, LLC  
**Address:** 100 NORTH SEPULVEDA BLVD. SUITE 500  
**City-St-Zip:** EL SEGUNDO, CA 90245 US

**Title:** MGRM  
**Name:** TBG INSURANCE SERVICES CORPORATION  
**Address:** 100 NORTH SEPULVEDA BLVD. SUITE 500  
**City-St-Zip:** EL SEGUNDO, CA 90245 US

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:** MANDELIN HENDRICKS

POA

04/14/2012

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