

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004837

FILED  
Apr 08, 2011  
Secretary of State

**Entity Name:** OAKBRIDGE INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

850 STANTON ROAD  
BURLINGAME, CA 94010

**New Principal Place of Business:**

330 WEST NEWBERRY ROAD  
BLOOMFIELD, CT 06002

**Current Mailing Address:**

850 STANTON ROAD  
BURLINGAME, CA 94010

**New Mailing Address:**

330 WEST NEWBERRY ROAD  
BLOOMFIELD, CT 06002

**FEI Number:** 65-1255686

**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: AIGOTTI, DIANE  
Address: 330 WEST NEWBERRY ROAD  
City-St-Zip: BLOOMFIELD, CT 06002

Title: MGRM  
Name: MCCORMACK, ED  
Address: 330 WEST NEWBERRY ROAD  
City-St-Zip: BLOOMFIELD, CT 06002

Title: MGRM  
Name: PHILLIPS, FRANK  
Address: 330 WEST NEWBERRY ROAD  
City-St-Zip: BLOOMFIELD, CT 06002

Title: MGRM  
Name: RYAN, PATRICK G  
Address: 330 WEST NEWBERRY ROAD  
City-St-Zip: BLOOMFIELD, CT 06002

Title: MGRM  
Name: SLAMAR, PAUL  
Address: 330 WEST NEWBERRY ROAD  
City-St-Zip: BLOOMFIELD, CT 06002

Title: MGRM  
Name: TURNER, TIMOTHY W  
Address: 330 WEST NEWBERRY ROAD  
City-St-Zip: BLOOMFIELD, CT 06002

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: KELLY LETTMANN

POA

04/08/2011

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