

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005484

**FILED**  
**Mar 09, 2012**  
**Secretary of State**

**Entity Name:** NORTH AMERICAN ADVANTAGE INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

1707 MARKET PLACE  
SUITE 200  
IRVING, TX 75063

**New Principal Place of Business:**

7701 LAS COLINAS RIDGE  
SUITE 650  
IRVING, TX 75063

**Current Mailing Address:**

1707 MARKET PLACE  
SUITE 200  
IRVING, TX 75063

**New Mailing Address:**

700 NW 107TH AVENUE  
THIRD FLOOR  
MIAMI, FL 33172

**FEI Number:** 51-0540898

**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: MGR  
Name: KELLER, CLOTILDE C  
Address: 700 N.W. 107TH AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: MGR  
Name: REED, LINDA  
Address: 700 N.W. 107TH AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: MGR  
Name: FERNANDEZ, EMILIO  
Address: 700 N.W. 107TH AVENUE  
City-St-Zip: MIAMI, FL 33172

Title: VP  
Name: DIXON, BRIAN S  
Address: 7701 LAS COLINAS RIDGE, SUITE 650  
City-St-Zip: IRVING, TX 75063 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: BRIAN DIXON

VP

03/09/2012

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