

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000549

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

1741 COUNTRY CLUB DRIVE  
CHERRY HILL, NJ 08003

**New Principal Place of Business:**

**Current Mailing Address:**

1741 COUNTRY CLUB DRIVE  
CHERRY HILL, NJ 08003

**New Mailing Address:**

**FEI Number:** 20-4067446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROSE, SHELDON S  
4195 BRIARCLIFF CIRCLE  
BOCA RATON, FL 33496 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:** ROSE, SHELDON S  
**Address:** 4195 BRIARCLIFF CIRCLE  
**City-St-Zip:** BOCA RATON, FL 33496 US

**Title:** MEMB  
**Name:** WESLEY, WILLIAM  
**Address:** 4651 ROSEWOOD LANE  
**City-St-Zip:** WEST BLOOMFIELD, MI 48323 US

**Title:** MEMB  
**Name:** ROSE, M. ZEV  
**Address:** 1741 COUNTRY CLUB DRIVE  
**City-St-Zip:** CHERRY HILL, NJ 08003 US

**Title:** MEMB  
**Name:** PODOLSKY, STEVEN M  
**Address:** 10688 HOLLOW BAY TERRACE  
**City-St-Zip:** WEST PALM BEACH, FL 33412 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:** SHELDON S. ROSE

MGRM

01/05/2010

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