

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004239

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** INSTITUTIONAL LIFE SERVICES (FLORIDA), LLC

**Current Principal Place of Business:**

3900 WESTERRE PARKWAY, SUITE 201  
RICHMOND, VA 23233

**New Principal Place of Business:**

**Current Mailing Address:**

C/O NFP, 500 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661

**New Mailing Address:**

**FEI Number:** 80-0257957

**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: DUBITSKY, ALEXANDER  
Address: 3900 WESTERRE PARKWAY, SUITE 201  
City-St-Zip: RICHMOND, VA 23233

Title: MGR  
Name: HAMMOND, DOUGLAS  
Address: 340 MADISON AVENUE  
City-St-Zip: NEW YORK, NY 10173

Title: MGR  
Name: DAGLISH, BRENDA A  
Address: 3900 WESTERRE PARKWAY, SUITE 201  
City-St-Zip: RICHMOND, VA 23233

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: DOUGLAS HAMMOND

MGR

04/28/2010

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