

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004295

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** ASSURANCE MANAGEMENT LLC

**Current Principal Place of Business:**

10400 NW 33RD STREET  
SUITE 290  
MIAMI, FL 33172

**New Principal Place of Business:**

**Current Mailing Address:**

10400 NW 33RD STREET  
SUITE 290  
MIAMI, FL 33172

**New Mailing Address:**

**FEI Number:** 26-3407134

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MCCRERY, BEN  
200 OCEAN DRIVE  
7E  
MIAMI BEACH, FL 33139 US

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

MCCRERY, BEN  
3047 ORANGE STREET  
MIAMI, FL 33133 US

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:

01/05/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MCCREY, BENJAMINM  
Address: 10400 NW 33RD STREET, #290  
City-St-Zip: MIAMI, FL 33172

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: BENJAMIN MCCREY

MGR

01/05/2011

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