

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000004772

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

**Entity Name:** AVALON RISK MANAGEMENT INSURANCE AGENCY LLC

**Current Principal Place of Business:**

150 NW POINT BLVD.  
4TH FLOOR  
ELK GROVE VILLAGE, IL 60007

**New Principal Place of Business:**

**Current Mailing Address:**

150 NW POINT BLVD.  
4TH FLOOR  
ELK GROVE VILLAGE, IL 60007

**New Mailing Address:**

**FEI Number:** 20-1572094      **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: PRATT, GORDON  
Address: FOUR FOREST PARK DR  
City-St-Zip: FARMINGTON, CT 06032

Title: MGR  
Name: ZUHLKE, JAMES R  
Address: 150 NW POINT BLVD. 4TH FLOOR  
City-St-Zip: ELK GROVE VILLAGE, IL 60007

Title: MGR  
Name: GELSOMINO, LISA M  
Address: 150 NW POINT BLVD. 4TH FLOOR  
City-St-Zip: ELK GROVE VILLAGE, IL 60007

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: JAMES R. ZUHLKE      MGR      04/05/2011

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