

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002447

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

2531 WEST DUNLAP AVENUE  
PHOENIX, AZ 85021

**New Principal Place of Business:**

**Current Mailing Address:**

2531 WEST DUNLAP AVENUE  
PHOENIX, AZ 85021

**New Mailing Address:**

**FEI Number:** 80-0582329

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

3H AGENT SERVICES, INC.  
1970 OTTER WAY  
PALM HARBOR, FL 34685 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:** ARAN INSURANCE SERVICES GROUP, LLC  
**Address:** 16192 COASTAL HWY  
**City-St-Zip:** LEWES, DE 19958

**Title:** MGRM  
**Name:** ARAN INSURANCE SERVICES GROUP, INC  
**Address:** 119 NORTH PARK AVE, 4TH FLOOR  
**City-St-Zip:** ROCKVILLE CENTRE, NY 11570

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:** MARY E. SCHICK

CFO

03/08/2011

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