

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000003587

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Entity Name:** TRUE CAPITAL INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

101 MONTGOMERY ST., STE 2150  
SAN FRANCISCO, CA 941044157

**New Principal Place of Business:**

**Current Mailing Address:**

101 MONTGOMERY ST., STE 2150  
SAN FRANCISCO, CA 941044157

**New Mailing Address:**

**FEI Number:** 27-0328365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ERESIDENTAGENT, INC.  
236 E. 6TH AVENUE  
TALLAHASSEE, FL 32303 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:** GOODMAN, HEATHER K  
**Address:** 101 MONTGOMERY ST., STE 2150  
**City-St-Zip:** SAN FRANCISCO, CA 941044157

**Title:** MGR  
**Name:** RAETZ, DOUGLAS S  
**Address:** 101 MONTGOMERY ST., STE 2150  
**City-St-Zip:** SAN FRANCISCO, CA 941044157

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:** HEATHER GOODMAN

MGR

03/15/2012

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