

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M11000005714

**FILED**  
**Aug 21, 2012**  
**Secretary of State**

**Entity Name:** FREEMAN INSURANCE AND TAX SERVICES, LLC

**Current Principal Place of Business:**

250 WINDY HILL ROAD SW, SUITE 400  
MARIETTA, GA 30060

**New Principal Place of Business:**

**Current Mailing Address:**

250 WINDY HILL ROAD SW, SUITE 400  
MARIETTA, GA 30060

**New Mailing Address:**

**FEI Number:** 72-1617693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TAMEKA DENISE WALKER  
18083 NW 27TH AVENUE  
MIAMI, FL 33056 US

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

SAUNDERS, YOLANDA  
9538 NW 7TH AVE  
MIAMI, FL 33150 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: YOLANDA SAUNDERS

08/21/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: FREEMAN, ERNEST V  
Address: 18452 NW 2ND AVE, SUITE 105  
City-St-Zip: MIAMI, FL 33169

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: ERNEST V FREEMAN

PRES

08/21/2012

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