

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000132994

**Entity Name:** ANDERSON MUSICAL INSTRUMENT INSURANCE SOLUTIONS, LLC

**FILED**  
**Jan 02, 2013**  
**Secretary of State**  
**CC6302701093**

**Current Principal Place of Business:**

110 E BROWARD BLVD, STE. 1700  
#912  
FORT LAUDERDALE, FL 33301-3503

**Current Mailing Address:**

3100 NE 48TH STREET, STE. 912  
FORT LAUDERDALE, FL 33308-4949

**FEI Number:** 45-3908637

**Certificate of Status Desired:** Yes

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

MORAITIS, GEORGE RESQ.  
915 MIDDLE RIVER DR.  
SUITE 506  
FORT LAUDERDALE, FL 33304 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ANDERSON, PETER T  
Address 110 E BROWARD BLVD, STE. 1700  
City-State-Zip: FORT LAUDERDALE FL 33301-3503

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** PETER T. ANDERSON

**MANAGING MEMBER**

**01/02/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date