

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004239

**Entity Name:** INSTITUTIONAL LIFE SERVICES (FLORIDA), LLC

**Current Principal Place of Business:**

3900 WESTERRE PARKWAY, SUITE 201  
RICHMOND, VA 23233

**Current Mailing Address:**

C/O NFP, 500 W. MADISON STREET  
SUITE 2400  
CHICAGO, IL 60661

**FEI Number:** 80-0257957

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 NOEL, M. CALEB  
Address 340 MADISON AVENUE  
20TH FLOOR  
City-State-Zip: NEW YORK NY 10173

*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:** M. CALEB NOEL

**MANAGER**

**04/29/2013**

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

\_\_\_\_\_  
Date