

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001038

**Entity Name:** EJA/CAPACITY INSURANCE AGENCY LLC

**Current Principal Place of Business:**

217 ROUTE 130  
BORDENTOWN, NJ 08505

**Current Mailing Address:**

217 ROUTE 130  
BORDENTOWN, NJ 08505

**FEI Number: 27-1510399**

**Certificate of Status Desired: No**

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

HATCH, JOHN DESQ  
1267 BERKSHIRE LANE, STE. 200  
TARPON SPRINGS, FL 34688 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 LULL, ROBERT  
Address ONE INTERNATIONAL BLVD.  
City-State-Zip: MAHWAH NJ 07495

Title MGR  
Name WEINRAUB, MARK  
Address ONE INTERNATIONAL BLVD.  
City-State-Zip: MAHWAH NJ 07495

Title MGR  
Name BERGSTEIN, JAY  
Address ONE INTERNATIONAL BLVD.  
City-State-Zip: MAHWAH NJ 07495

Title MGR  
Name BERGSTEIN, RONALD  
Address ONE INTERNATIONAL BLVD.  
City-State-Zip: MAHWAH NJ 07495

Title MGR  
Name GERSON, CARL  
Address ONE INTERNATIONAL BLVD.  
City-State-Zip: MAHWAH NJ 07495

Title MGR  
Name RIEMAN, DAVIS  
Address ONE INTERNATIONAL BLVD.  
City-State-Zip: MAHWAH NJ 07495

*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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: CARL GERSON**

**SECRETARY**

**01/13/2015**

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

\_\_\_\_\_  
Date