

**2013 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL  
REPORT**

DOCUMENT# M11000005874

**Entity Name:** PAUL MOSS INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

3700 PARK EAST DR STE 350  
BEACHWOOD, OH 44122

**Current Mailing Address:**

3700 PARK EAST DR STE 350  
BEACHWOOD, OH 44122 US

**FEI Number:** 32-0357329

**Certificate of Status Desired:** No

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

CT 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 MOSS, PAUL  
Address 6505 ROCKSIDE ROAD STE 100  
City-State-Zip: INDEPENDENCE OH 44131

*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:** PAUL MOSS

**MANAGER**

**09/23/2013**

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

\_\_\_\_\_  
Date