



AMENDED LLC ANNUAL REPORT

SOSID: 0870332
Date Filed: 4/29/2015 8:07:00 AM
Elaine F. Marshall
North Carolina Secretary of State

C2015 119 01113

NAME OF LIMITED LIABILITY COMPANY: Ameriserv LLC

SECRETARY OF STATE ID NUMBER: 0870332

STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2015

ORIGINAL DOCUMENT ID: CA201500800956

Filing Office Use Only

☒ Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Wilson Olivera

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

7985 Fayetteville Rd

Raleigh, NC 27603-5631 Wake

4. REGISTERED OFFICE MAILING ADDRESS

7985 Fayetteville Rd

Raleigh, NC 27603-5631

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Insurance Broker

2. PRINCIPAL OFFICE PHONE NUMBER: 844-842-8422

3. PRINCIPAL OFFICE EMAIL: _____

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

7985 Fayetteville Road

Raleigh, NC 27603-5631 Wake

5. PRINCIPAL OFFICE MAILING ADDRESS

7985 Fayetteville Road

Raleigh, NC 27603-5631

SECTION C: COMPANY OFFICIALS/ORGANIZERS (Enter additional Company Officials/Organizers in Section E.)

NAME: Wilson Olivera

NAME: _____

NAME: _____

TITLE: Member

TITLE: _____

TITLE: _____

ADDRESS: _____

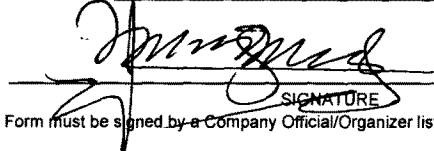
ADDRESS: _____

ADDRESS: _____

3406 Tuckland Dr

Raleigh NC 27610

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity.


SIGNATURE

04/28/2015

DATE

Form must be signed by a Company Official/Organizer listed under Section C of this form.

Wilson Olivera

Member

Print or Type Name of Company Official/Organizer

TITLE

SUBMIT THIS ANNUAL REPORT WITH THE REQUIRED FILING FEE OF \$10.00

MAIL TO: Secretary of State, Corporations Division, Post Office Box 29525, Raleigh, NC 27626-0525

