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	4. REGISTERED OFFICE MAILING ADDRESS
7985 Fayetteville Rd	7985 Fayetteville Rd
Raleigh, NC 27603-5631 Wake	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	5. PRINCIPAL OFFICE MAILING ADDRESS
7985 Fayetteville Road	7985 Fayetteville Road
Raleigh, NC 27603-5631 Wake	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