



LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY: Ameriserv LLC

SECRETARY OF STATE ID NUMBER: 0870332

STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2017

Filing Office Use Only
E-Filed Annual Report
0870332
CA201703801954
2/7/2017 08:55



Changes

SECTION A: REGISTERED AGENT'S INFORMATION

1. NAME OF REGISTERED AGENT: Olivera, Wilson

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

4. REGISTERED OFFICE MAILING ADDRESS

705 Umstead Ln

705 Umstead Ln

Garner, NC 27529-3025 Wake County

Garner, NC 27529-3025

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: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

5. PRINCIPAL OFFICE MAILING ADDRESS

705 Umstead Ln

705 Umstead Ln

Garner, NC 27529-3025

Garner, NC 27529-3025

SECTION C: COMPANY OFFICIALS (Enter additional Company Officials 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.

Wilson Olivera

2/7/2017

SIGNATURE

DATE

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

Wilson Olivera

Member

Print or Type Name of Company Official

Print or Type The Title of the Company Official

This Annual Report has been filed electronically.

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