



LIMITED LIABILITY COMPANY ANNUAL REPORT

1/6/2022

NAME OF LIMITED LIABILITY COMPANY: Ameriserv LLC

SECRETARY OF STATE ID NUMBER: 0870332 STATE OF FORMATION: NC

REPORT FOR THE CALENDAR YEAR: 2021

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4/8/2022 04:15

SECTION A: REGISTERED AGENT'S INFORMATION

☐ Changes

1. NAME OF REGISTERED AGENT: Olivera, Wilson

2. SIGNATURE OF THE NEW REGISTERED AGENT: _____
SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED AGENT OFFICE STREET ADDRESS & COUNTY 4. REGISTERED AGENT OFFICE MAILING ADDRESS

1307 5th Ave. 1307 5th Ave.
Garner, NC 27529-3025 Wake County Garner, NC 27529-3025

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Insurance Broker Agency

2. PRINCIPAL OFFICE PHONE NUMBER: (919) 662-9013 3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS 5. PRINCIPAL OFFICE MAILING ADDRESS
1307 Fifth Avenue 1307 Fifth Avenue
Garner, NC 27529-3025 Garner, NC 27529-3025

6. Select one of the following if applicable. (Optional see instructions)

- ☐ The company is a veteran-owned small business
☐ The company is a service-disabled veteran-owned small business

SECTION C: COMPANY OFFICIALS (Enter additional company officials in Section E.)

NAME: <u>Wilson A. Olivera Borda</u>	NAME: _____	NAME: _____
TITLE: <u>Member</u>	TITLE: _____	TITLE: _____
ADDRESS: _____	ADDRESS: _____	ADDRESS: _____
<u>1307 5th Ave.</u>	_____	_____
<u>Garner, NC 27529</u>	_____	_____

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

Wilson A. Olivera Borda 4/8/2022
SIGNATURE DATE

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

Wilson A. Olivera Borda Member
Print or Type Name of Company Official Print or Type Title of Company Official

This Annual Report has been filed electronically.

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