

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079065

Entity Name: GHG INSURANCE, LLC

FILED  
Jan 12, 2012  
Secretary of State

**Current Principal Place of Business:**

751 OAK STREET, SUITE 100  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

751 OAK STREET, SUITE 100  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 20-1825754

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STONEBURNER, BERRY & SIMMONS, P.A.  
841 PRUDENTIAL DRIVE, SUITE 1400  
JACKSONVILLE, FL 32207 US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GASKIN, TIMOTHY B  
Address: 751 OAK ST., SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM  
Name: HARDAKER, WILLIAM R  
Address: 751 OAK ST., SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM  
Name: GIBSON, ROGER  
Address: 751 OAK ST., SUITE 100  
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information indicated on this 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.

SIGNATURE: TIMOTHY GASKIN

MGRM

01/12/2012

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date