

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040463

**FILED**  
**Feb 22, 2012**  
**Secretary of State**

**Entity Name:** THE WINDWARD INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

621 N.W. 53RD STREET  
SUITE 135  
BOCA RATON, FL 33487

**New Principal Place of Business:**

903 NW 65TH ST  
SUITE 200  
BOCA RATON, FL 33487

**Current Mailing Address:**

621 N.W. 53RD STREET  
SUITE 135  
BOCA RATON, FL 33487

**New Mailing Address:**

903 NW 65TH ST  
SUITE 200  
BOCA RATON, FL 33487

**FEI Number:** 20-4887435

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GIULIANTI, STACEY A ESQ  
621 N.W. 53RD STREET  
SUITE 135  
BOCA RATON, FL 33487 US

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

GIULIANTI, STACEY A ESQ  
903 NW 65 ST  
SUITE 200  
BOCA RATON, FL 33487 US

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: STACEY A GIULIANTI

02/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STRAUCH, CLINT B  
Address: 621 NW 53 STREET, SUITE 135  
City-St-Zip: BOCA RATON, FL 33487

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: STACEY A GIULIANTI

SEC

02/22/2012

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