

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118756

**FILED
Apr 13, 2011
Secretary of State**

Entity Name: SPECIALTY INSURANCE OF NORTH FLORIDA LLC

Current Principal Place of Business:

701 EAST JOHN SIMS PARKWAY
301
NICEVILLE, FL 32578 US

New Principal Place of Business:

Current Mailing Address:

701 EAST JOHN SIMS PARKWAY
301
NICEVILLE, FL 32578 US

New Mailing Address:

FEI Number: 33-1147639 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

KIELY, DARLO D
701 EAST JOHN SIMS PARKWAY
301
NICEVILLE, FL 32578 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: KIELY, DARLO D
Address: 701 EAST JOHN SIMS PARKWAY
City-St-Zip: NICEVILLE, FL 32578

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: DARLO KIELY MGRM 04/13/2011

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