

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005563

**FILED
Feb 16, 2012
Secretary of State**

Entity Name: EQUIINSURANCE, LLC.

Current Principal Place of Business:

6839 MAIN ST
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6839 MAIN ST
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-8248518

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, FRANK
6839 MAIN STREET
MIAMI LAKES, FL 33014 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: FERNANDEZ, FRANK
Address: 5309 SW 133 AVE
City-St-Zip: MIRAMAR, FL 33027

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: FRANK FERNANDEZ

MGMR

02/16/2012

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