

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064552

**FILED**  
**Apr 25, 2012**  
**Secretary of State**

**Entity Name:** COMPETITIVE INSURANCE OF DUNDEE, L.L.C.

**Current Principal Place of Business:**

115 DUNDEE RD.  
DUNDEE, FL 33838

**New Principal Place of Business:**

**Current Mailing Address:**

115 DUNDEE RD.  
DUNDEE, FL 33838

**New Mailing Address:**

FEI Number: 26-0381751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COMPETITIVE INSURANCE, INC.  
35934 HWY 27  
HAINES CITY, FL 33844 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: COMPETITIVE INSURANCE, INC.  
Address: 35934 HWY 27  
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM  
Name: SCHRADER, RANDALL  
Address: 115 DUNDEE ROAD  
City-St-Zip: DUNDEE, FL 33838

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: T RANDALL SCHRADER

MGRM

04/25/2012

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