

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055544

FILED
Feb 07, 2012
Secretary of State

Entity Name: CORNERSTONE INSURANCE OF FLORIDA, LLC

Current Principal Place of Business:

6702C PLANTATION ROAD
STE B
PENSACOLA, FL 32504

New Principal Place of Business:

Current Mailing Address:

6702C PLANTATION ROAD
STE B
PENSACOLA, FL 32504

New Mailing Address:

FEI Number: 26-2655474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, STEPHEN M
6702C PLANTATION ROAD STE. B
PENSACOLA, FL 32504 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: MGR
Name: JONES, STEPHEN M
Address: 6702C PLANTATION ROAD STE. B
City-St-Zip: PENSACOLA, FL 32504

Title: MGRM
Name: JACKSON, NOLAN
Address: 2305 WEST PARK PLACE BLVD
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: MGRM
Name: NOLAN JACKSON INSURANCE
Address: 2305 W PARK PLACE BLVD.
City-St-Zip: STONE MOUNTAIN, GA 30087

Title: MNGM
Name: DICKSON, DAVID M
Address: 6702C PLANTATION RD
City-St-Zip: PENSACOLA, FL 32504

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: STEPHEN M JONES

MGR

02/07/2012

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