

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094062

FILED
Apr 26, 2012
Secretary of State

Entity Name: SAFEGUARD INSURANCE AGENCY OF FLORIDA LLC

Current Principal Place of Business:

607 SW PARK STREET
OKEECHOBEE, FL 34972 US

New Principal Place of Business:

409 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974 US

Current Mailing Address:

607 SW PARK STREET
OKEECHOBEE, FL 34972 US

New Mailing Address:

409 SOUTH PARROTT AVENUE
OKEECHOBEE, FL 34974 US

FEI Number: 26-3488118

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCAIN, TIFFANY K
2065 NW 2ND STREET
OKEECHOBEE, FL 34972 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: OCAIN, TIFFANY K
Address: 2065 NW 2ND STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

Title: MGRM
Name: OCAIN, MICHAEL S
Address: 2065 NW 2ND STREET
City-St-Zip: OKEECHOBEE, FL 34972 US

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: TIFFANY K. O'CAIN

MGR

04/26/2012

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