

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120766

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** SQUID INSURANCE MARKETING, LLC

**Current Principal Place of Business:**

4700 MILLENIA BLVD., SUITE 410  
ORLANDO, FL 32839

**New Principal Place of Business:**

**Current Mailing Address:**

4700 MILLENIA BLVD., SUITE 410  
ORLANDO, FL 32839

**New Mailing Address:**

FEI Number: 27-1347746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

AMARAL, JOE  
11326 BRONSON ROAD  
CLERMONT, FL 34711 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: DEGRAIDE, ADAM D  
Address: 9720 NEARWATER PLACE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGR  
Name: SAWYER, TIMOTHY C  
Address: 16 PLEASANT RUN  
City-St-Zip: SAUNDERSTOWN, RI 02874

Title: MGR  
Name: BOUDREAU, JOHN H  
Address: 34 MARDEN STREET  
City-St-Zip: CRANSTON, RI 02910

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: JOHN H. BOUDREAU

MGR

01/05/2011

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