

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000001951

Entity Name: CITADEL INSURANCE LLC

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

826 EAST STATE ROAD  
SUITE 100  
AMERICAN FORK, UT 84003

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1677  
AMERICAN FORK, UT 84003

**New Mailing Address:**

FEI Number: 20-8411049

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NRAI SERVICES, INC.  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 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: EARDLEY, ANTHONY S  
Address: 826 EAST STATE ROAD SUITE 100  
City-St-Zip: AMERICAN FORK, UT 84003

Title: MGR  
Name: JOHNSON, DAVID N  
Address: 826 EAST STATE ROAD SUITE 100  
City-St-Zip: AMERICAN FORK, UT 84003

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: ANTHONY S. EARDLEY

MGR

01/07/2012

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