

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000003539

**FILED**  
**Feb 14, 2012**  
**Secretary of State**

**Entity Name:** GENERIC INSURANCE AGENCIES OF NORTH CENTRAL FLORIDA, LLC

**Current Principal Place of Business:**

420 NW 39TH AVENUE  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

420 NW 39TH AVENUE  
GAINESVILLE, FL 32609

**New Mailing Address:**

ONE SE THIRD AVE SUITE 2950  
MIAMI, FL 33131

FEI Number: 59-3391186

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HASNER, MARK M ESQ  
ONE SE THIRD AVENUE, SUITE 2950  
MIAMI, FL 33131 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: RUBIERA, NIRIO  
Address: 340 CHAMBORD TERRACE  
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: MGR  
Name: RUBIERA, WALTER  
Address: 11921 NW 12TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32606

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: NIRIO RUBIERA

MGR

02/14/2012

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