

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010870

Entity Name: PREMIER INSURANCE, LLC

FILED
Mar 31, 2011
Secretary of State

Current Principal Place of Business:

4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 34103

New Principal Place of Business:

Current Mailing Address:

4200 GULF SHORE BOULEVARD NORTH
NAPLES, FL 34103

New Mailing Address:

FEI Number: 65-1041752

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREGORY, C. NEIL
TRIANON CENTRE, THIRD FLOOR
850 PARK SHORE DRIVE
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GREGORY, C. NEIL
4001 TAMIAMI TRAIL N., STE 250
NAPLES, FL 34103 US

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: C NEIL GREGORY

03/31/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: HORNBECK, HUNTLEY JR
Address: 4200 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

Title: MGRM
Name: LUTGERT, SCOTT F
Address: 4200 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

Title: MGRM
Name: BENZA, STEPHEN
Address: 4200 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

Title: MGRM
Name: WILLIAMS, MARCUS
Address: 4200 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

Title: MGRM
Name: BAKER, RICHARD J
Address: 4200 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

Title: MGRM
Name: GUTMAN, HOWARD B
Address: 4200 GULF SHORE BLVD., N
City-St-Zip: NAPLES, FL 34103

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: HOWARD B GUTMAN

MGRM

03/31/2011

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