

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000043212

Entity Name: ST1 INSURANCE LLC

Current Principal Place of Business:

511 NE 15 STREET
FT LAUDERDALE, FL 33304

Current Mailing Address:

3670 KINGS HIGHWAY
DOUGLASVILLE, GA 30135 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STONE, DARLENE S
511 NE 15 STREET
FT LAUDERDALE, FL 33304 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name STONE, DARLENE S
Address 6812 GREEN OAK DRIVE
City-State-Zip: DOUGLASVILLE GA 30135

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DARLENE S STONE

MANAGER

04/01/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date