2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

DOCUMENT# L02000006516

Entity Name: NATIONAL INSURANCE ADVISORS, LLC

Current Principal Place of Business:

30 SKYLINE DRIVE
2000
LAKE MARY, FL 32746

New Principal Place of Business:

Current Mailing Address:

30 SKYLINE DRIVE
2000
LAKE MARY, FL 32746

New Mailing Address:

P.O. BOX 162266
ALTAMONTE SPRINGS, FL 32716

FEI Number: 02-0565782 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POHL & SHORT, PA
280 W. CANTON AVE STE 410
WINTER PARK, FL 32790 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: SCHANK, GEORGE L
Address: P.O. BOX 162266
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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 Statues.

SIGNATURE: GEORGE SCHANK MGR 04/28/2011

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