

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000006516

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL INSURANCE ADVISORS, LLC

**Current Principal Place of Business:**

30 SKYLINE DRIVE  
2000  
LAKE MARY, FL 32746

**New Principal Place of Business:**

777 E. ALTAMONTE DRIVE  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

P.O. BOX 162266  
ALTAMONTE SPRINGS, FL 32716

**New Mailing Address:**

P.O. BOX 162266  
ALTAMONTE SPRINGS, FL 32716 US

**FEI Number:** 02-0565782

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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 Statutes.

SIGNATURE: GEORGE L SCHANK

MGR

04/30/2012

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