2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 12, 2012
Secretary of State

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Entity Name: ENCOMPASS INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

113 NATURE WALK PARKWAY
SUITE 101
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

113 NATURE WALK PARKWAY
SUITE 101
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 20-0321432 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

INGALLS, LARRY
113 NATURE WALK PARKWAY
SUITE 101
SAINT AUGUSTINE, FL 32092 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: P
Name: INGALLS, LARRY
Address: 113 NATURE WALK PARKWAY, SUITE 101
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

Title: VP
Name: INGALLS, LINDA
Address: 113 NATURE WALK PARKWAY, SUITE 101
City-St-Zip: SAINT AUGUSTINE, FL 32092 US

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: LARRY INGALLS MMBR 03/12/2012

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