

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054682

FILED  
Mar 22, 2012  
Secretary of State

**Entity Name:** MEMBERS INSURANCE CENTER, LLC

**Current Principal Place of Business:**

6801 E. HILLSBOROUGH AVENUE  
TAMPA, FL 33610

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 11709  
TAMPA, FL 33680

**New Mailing Address:**

**FEI Number:** 20-1399753

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RUSSELL, MONA  
6801 E. HILLSBOROUGH AVENUE  
TAMPA, FL 33610 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: FLYNN, PETER  
Address: 6801 E. HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33610

Title: MGR  
Name: DARLING, LINDA  
Address: 6801 E. HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33610

Title: MGR  
Name: DORETY, TOM  
Address: 6801 E. HILLSBOROUGH AVENUE  
City-St-Zip: TAMPA, FL 33610

Title: MGR  
Name: WHITLOCK, EARL  
Address: 6801 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610

Title: MGR  
Name: LOVETT, VICTORIA  
Address: 6801 E HILLSBOROUGH AVE  
City-St-Zip: TAMPA, FL 33610

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: MONA RUSSELL

VP

03/22/2012

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