

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000076115

**FILED**  
**Apr 23, 2011**  
**Secretary of State**

**Entity Name:** STEPHENS & SINGER INSURANCE, LLC

**Current Principal Place of Business:**

1505 N. FLORIDA AVENUE  
TAMPA, FL 33601 US

**New Principal Place of Business:**

5104 SOUTH WESTSHORE BLVD  
TAMPA, FL 33611 US

**Current Mailing Address:**

P.O. BOX 800  
TAMPA, FL 33601 US

**New Mailing Address:**

5104 SOUTH WESTSHORE BLVD  
TAMPA, FL 33611 US

**FEI Number:** 20-1898480

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGER, GILBERT  
1505 N. FLORIDA AVENUE  
TAMPA, FL 33601 US

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

SINGER, GILBERT  
5104 SOUTH WESTSHORE BLVD  
TAMPA, FL 33611 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: GILBERT SINGER

04/23/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STEPHENS, KENNETH  
Address: 5104 SOUTH WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33611 US

Title: MGR  
Name: SINGER, GILBERT M  
Address: 5104 SOUTH WESTSHORE BLVD  
City-St-Zip: TAMPA, FL 33611

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: GILBERT SINGER

MGR

04/23/2011

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