

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091624

Entity Name: STATEWIDE INSURANCE, LLC

FILED
Jan 04, 2012
Secretary of State

Current Principal Place of Business:

12214 U.S. HWY 301
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

12214 U.S. HWY 301
DADE CITY, FL 33525 US

New Mailing Address:

FEI Number: 20-2088221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPES, MARK
36750 JEFFERSON AVE.
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

CAPES, MARK
36846 VIRGINIA AVE
DADE CITY, FL 33523 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:

01/04/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CAPES, MARK
Address: 36846 VIRGINIA AVE
City-St-Zip: DADE CITY, FL 33523 US

Title: MGRM
Name: FECTEAU, KEVIN
Address: 14437 OLD MISSION RD
City-St-Zip: DADE CITY, FL 33525 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 Statutes.

SIGNATURE: KEVIN FECTEAU

MGRM

01/04/2012

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