

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044068

FILED  
Apr 13, 2012  
Secretary of State

**Entity Name:** PINNACLE INSURANCE, LLC

**Current Principal Place of Business:**

1855 WEST STATE RD.434  
SUITE 228  
LONGWOOD, FL 32750

**New Principal Place of Business:**

1855 WEST STATE RD.434  
LONGWOOD, FL 32750

**Current Mailing Address:**

1855 WEST STATE RD.434  
SUITE 228  
LONGWOOD, FL 32750

**New Mailing Address:**

1855 WEST STATE RD.434  
LONGWOOD, FL 32750

FEI Number: 20-2789833

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MORAN, BRIAN  
MORAN KIDD ATTORNEYS AT LAW  
111 NORTH ORANGE AVE. STE 1200  
ORLANDO, FL 328012361 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: MGRM  
Name: RITENOUR, JOHN K  
Address: 1855 WEST STATE RD.434  
City-St-Zip: LONGWOOD, FL 32750

Title: CFO  
Name: SCOVANNER, WESLEY  
Address: 1855 WEST SR 434  
City-St-Zip: LONGWOOD, FL 32750

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: JOHN K RITENOUR

MGRM

04/13/2012

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