

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000103869

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** COMMERCIAL CAPITAL ASSURANCE, LLC

**Current Principal Place of Business:**

13941 CLUBHOUSE DRIVE  
SUITE 110  
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 26563  
TAMPA, FL 33623

**New Mailing Address:**

**FEI Number:** 20-3683538

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SADORF, RICK W ESQ.  
1744 N. BELCHER ROAD  
SUITE 150  
CLEARWATER, FL 33765 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: HAYDEN, FRANK R  
Address: P.O. BOX 26563  
City-St-Zip: TAMPA, FL 33623

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: FRANK R. HAYDEN

MGRM

04/27/2011

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