

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000007292

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** ACIE SANDERS INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

4788 HODGES BLVD  
BLGD B STE 101  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4788 HODGES BLVD  
BLGD B STE 101  
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number:** 20-4093387

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

SAMUEL L LEPRELL  
1930 SAN MARCO BLVD  
STE 201  
JACKSONVILLE, FL 32207 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:** SAMUEL L LEPRELL

01/31/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** SANDERS, ACIE  
**Address:** 4788 HODGES BLVD BLGD B STE 101  
**City-St-Zip:** JACKSONVILLE, FL 32224 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:** ACIE T SANDERS

AGEN

01/31/2012

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