

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018072

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

**Entity Name:** DANTON & DEES INSURANCE GROUP LLC

**Current Principal Place of Business:**

375 DOUGLAS AVE. SUITE 2010  
ALTAMONTE SPRINGS, FL 32714 US

**New Principal Place of Business:**

375 DOUGLAS AVE.  
2004  
ALTAMONTE SPRINGS, FL 32714 US

**Current Mailing Address:**

375 DOUGLAS AVE. SUITE 2010  
ALTAMONTE SPRINGS, FL 32714 US

**New Mailing Address:**

375 DOUGLAS AVE.  
2004  
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 87-0762652

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DEES, BILL  
986 INNSWOOD CT.  
LONGWOOD, FL 32779 US

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

DEES, WILLIAM  
986 INNSWOOD CT.  
LONGWOOD, FL 32779 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: WILLIAM DEES

02/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DEES, WILLIAM  
Address: 986 INNSWOOD CT.  
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM  
Name: DANTON, DONALD  
Address: 1398 LA COSTA VILLAGE BLVD.  
City-St-Zip: PORT ORANGE, FL 32129 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: WILLIAM DEES

MGR

02/27/2011

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