

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000034606

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** STRATEGIC INSURANCE MANAGEMENT, LLC

**Current Principal Place of Business:**

6767 N. WICKHAM RD.  
209-A  
MELBOURNE, FL 32940

**New Principal Place of Business:**

**Current Mailing Address:**

7777 N. WICKHAM RD.  
SUITE 12 MAILSTOP 553  
MELBOURNE, FL 32940

**New Mailing Address:**

**FEI Number:** 20-4619244

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

EAVENSON, ERIK J  
6767 N. WICKHAM RD.  
209-A  
MELBOURNE, FL 32940 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: EAVENSON, ERIK J  
Address: 6767 N. WICKHAM RD., SUITE 209-A  
City-St-Zip: MELBOURNE, FL 32940

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: ERIK J. EAVENSON

MGR

04/19/2011

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