2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2012
Secretary of State

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Entity Name: THREE RIVERS INSURANCE OF ALACHUA, LLC

Current Principal Place of Business:

630 NE SANTA FE BLVD
HIGH SPRINGS, FL 32643 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 367
HIGH SPRINGS, FL 32655 US

New Mailing Address:

FEI Number: 20-4716577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWILLEY, DAVID R
630 NE SANTA FE BLVD.
HIGH SPRINGS, FL 32643 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: SWILLEY, DAVID R
Address: P.O. BOX 367
City-St-Zip: HIGH SPRINGS, FL 32655 US

Title: MGRM
Name: JENKINS, STEVE
Address: P.O. BOX 367
City-St-Zip: HIGH SPRINGS, FL 32655 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 Statues.

SIGNATURE: STEVEN R JENKINS MNGM 04/25/2012

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