

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000055577

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BALDWIN INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

2622 WEST JETTON AVENUE  
TAMPA, FL 33629

**New Principal Place of Business:**

33606 SAN NICHOLAS  
TAMPA, FL 33629

**Current Mailing Address:**

2622 WEST JETTON AVENUE  
TAMPA, FL 33629

**New Mailing Address:**

33606 SAN NICHOLAS  
TAMPA, FL 33629

**FEI Number:** 20-4962229

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALDWIN, WALTER A TM  
2622 W JETTON AVE  
TAMPA, FL 33629 US

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

BALDWIN, WALTER A 111  
2622 W JETTON AVE  
TAMPA, FL 33629 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: WALTER A. BALDWIN 111

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: BALDWIN, WALTER A 111  
Address: 33606 SAN NICHOLAS  
City-St-Zip: TAMPA, FL 33629 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: WALTER A. BALDWIN 111

CEO

04/30/2012

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