

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000072050

**FILED**  
**Mar 30, 2011**  
**Secretary of State**

**Entity Name:** CORNERSTONE INSURANCE ADVISORS, LLC

**Current Principal Place of Business:**

2302 BLOSSOMWOOD DRIVE  
OVIEDO, FL 32765

**New Principal Place of Business:**

**Current Mailing Address:**

2302 BLOSSOMWOOD DRIVE  
OVIEDO, FL 32765

**New Mailing Address:**

PO BOX 1433  
GOLDENROD, FL 32733

**FEI Number:** 20-5235491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRINKLEY, THOMAS P II  
2302 BLOSSOMWOOD DRIVE  
OVIEDO, FL 32765 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:** BRINKLEY, THOMAS P II  
**Address:** 2302 BLOSSOMWOOD DRIVE  
**City-St-Zip:** OVIEDO, FL 32765

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: THOMAS POPE BRINKLEY II

MGRM

03/30/2011

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