

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000072050

**FILED**  
**Apr 01, 2012**  
**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:**

737 FLORIDA BLVD.  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

PO BOX 1433  
GOLDENROD, FL 32733

**New Mailing Address:**

**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:**

BRINKLEY, THOMAS P II  
737 FLORIDA BLVD.  
ALTAMONTE SPRINGS, FL 32701 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:

04/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BRINKLEY, THOMAS P II  
Address: 737 FLORIDA BLVD.  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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 P BRINKLEY II

MGRM

04/01/2012

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