

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000086071

**FILED**  
**May 03, 2010**  
**Secretary of State**

**Entity Name:** HARBOR LIGHTS INSURANCE, LLC

**Current Principal Place of Business:**

494S HARBOR LIGHTS TRAIL  
MANISTIQUE, MI 49854 US

**New Principal Place of Business:**

625 PLEASANT VIEW ROAD  
UNIT 215  
MIDDLETON, MI 53562 US

**Current Mailing Address:**

494S HARBOR LIGHTS TRAIL  
MANISTIQUE, MI 49854 US

**New Mailing Address:**

**FEI Number:** 20-5995702      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STEINHAUS-SHINER, CASSANDRA J  
1644 LA MADERIA DRIVE, S.W.  
PALM BAY, FL 32908 US

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

STEINHAUS-SHINER, CASSANDRA J  
16141 E. GLASGOW DRIVE  
LOXAHATCHEE, FL 33470 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: \_\_\_\_\_

Electronic Signature of Registered Agent

05/03/2010

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: STEINHAUS-SHINER, CASSANDRA J  
Address: 494S HARBOR LIGHTS TRAIL  
City-St-Zip: MANISTIQUE, MI 49854 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: CASSANDRA STEINHAUS-SHINER

PRES

05/03/2010

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