

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000121092

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** RIBEIRO INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1515 S ORLANDO AVE, STE J  
MAITLAND, FL 32751

**New Principal Place of Business:**

1515 S ORLANDO AVE  
SUITE D  
MAITLAND, FL 32751

**Current Mailing Address:**

PO BOX 149324  
ORLANDO, FL 32814 US

**New Mailing Address:**

**FEI Number:** 45-0548065      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RIBEIRO, BETTY JO  
1210 CANBERRA AVENUE  
ORLANDO, FL 32806 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:** RIBEIRO, BETTY JO  
**Address:** 1210 CANBERRA AVENUE  
**City-St-Zip:** ORLANDO, FL 32806

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: BETTY JO RIBEIRO      MGRM      02/07/2012

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