

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000002866

**FILED**  
**Jan 26, 2011**  
**Secretary of State**

**Entity Name:** CENTRAL RIDGE INSURERS LLC

**Current Principal Place of Business:**

2535 N RESTON TERRACE  
HERNANDO, FL 34442

**New Principal Place of Business:**

**Current Mailing Address:**

2535 N RESTON TERRACE  
HERNANDO, FL 34442

**New Mailing Address:**

**FEI Number:** 75-3228577

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DENICK, DENISE M  
4229 N. STEWART WAY  
BEVERLY HILLS, FL 34465 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:** DENICK, DENISE M  
**Address:** 4229 N STEWART WAY  
**City-St-Zip:** BEVERLY HILLS, FL 34465

**Title:** MGRM  
**Name:** COPE, ELIZABETH A  
**Address:** 2155 N. INWOOD TERR  
**City-St-Zip:** CRYSTAL RIVER, FL 34428

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:** DENISE M DENICK

MGRM

01/26/2011

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