

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000021179

FILED
Apr 30, 2012
Secretary of State

Entity Name: TERM BROKERS INSURANCE SERVICES LLC

Current Principal Place of Business:

348 SW MIRACLE STRIP PKWY
SUITE 27
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

348 SW MIRACLE STRIP PKWY
SUITE 27
FORT WALTON BEACH, FL 32548

New Mailing Address:

FEI Number: 56-2643877

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, CHRISTOPHER J
2999 BLUE PINE LANE
NICEVILLE, FL 32578 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: MGR
Name: MCDONALD, CHRISTOPHER J
Address: 2999 BLUE PINE LANE
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM
Name: MCDONALD, JANA R
Address: 2999 BLUE PINE LANE
City-St-Zip: NICEVILLE, FL 32578

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: CHRISTOPHER J MCDONALD

MGR

04/30/2012

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