

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000028420

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** FORTUNE INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

13101 TELECOM DR.  
SUITE 100  
TAMPA, FL 33637 US

**New Principal Place of Business:**

**Current Mailing Address:**

13101 TELECOM DR.  
SUITE 100  
TAMPA, FL 33637 US

**New Mailing Address:**

**FEI Number:** 20-8674918

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEWMAN, NOREK T  
13101 TELECOM DR.  
SUITE 100  
TAMPA, FL 33637 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:** NEWMAN, NOREK T  
**Address:** 13101 TELECOM DR. STE 100  
**City-St-Zip:** TAMPA, FL 33637 US

**Title:** C  
**Name:** NICK, PHILLIP D  
**Address:** 200 /EXECUTIVE WAY SUITE 210  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

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 NEWMAN

MGR

01/23/2012

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