

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000032775

Entity Name: WIN INSURANCE GROUP LLC

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

674 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701 US

**New Principal Place of Business:**

204 OBRIEN ROAD  
FERN PARK, FL 32730 US

**Current Mailing Address:**

674 MAITLAND AVENUE  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

204 OBRIEN ROAD  
FERN PARK, FL 32730 US

FEI Number: 20-8755936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BALANI, DINESH (DINO) K  
1610 FIDDLEWOOD CT.  
CASSELBERRY, FL 32707 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: BALANI, DINESH (DINO) K  
Address: 1610 FIDDLEWOOD CT.  
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM  
Name: BALANI, ROBYNN  
Address: 1610 FIDDLEWOOD CT.  
City-St-Zip: CASSELBERRY, FL 32707 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: DINO BALANI

PRES

04/21/2011

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