

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000041590

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** NETWORK INSURANCE CENTER LLC

**Current Principal Place of Business:**

3300 UNIVERSITY DRIVE  
SUITE 407  
CORAL SPRINGS, FL 33065 US

**New Principal Place of Business:**

**Current Mailing Address:**

3300 UNIVERSITY DRIVE  
SUITE 407  
CORAL SPRINGS, FL 33065 US

**New Mailing Address:**

**FEI Number:** 14-2010216

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKENZIE, CANDICE L  
3300 UNIVERSITY DRIVE  
SUITE 407  
CORAL SPRINGS, FL 33065 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: MCKENZIE, CANDICE L  
Address: 5309 PINE CIRCLE  
City-St-Zip: CORAL SPRINGS, FL 33067 US

Title: MGR  
Name: MILLER, TREVOR A  
Address: 12365 NW 62ND COURT  
City-St-Zip: PARKLAND, FL 33076 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: CANDICE L MCKENZIE

CEO

04/16/2012

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