

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044884

FILED
Jan 04, 2012
Secretary of State

Entity Name: FLORIDA INSURANCE SPECIALIST, LLC

Current Principal Place of Business:

5700 LAKE WORTH ROAD
106
GREENACRES, FL 33463

New Principal Place of Business:

Current Mailing Address:

5700 LAKE WORTH ROAD
106
GREENACRES, FL 33463

New Mailing Address:

FEI Number: 56-2656289

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOURGON, MARTIN P
5700 LAKE WORTH ROAD
106
GREENACRES, FL 33463 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: BOURGON, MARTIN P
Address: 5700 LAKE WORTH ROAD #106
City-St-Zip: GREENACRES, FL 33463

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: MARTIN BOURGON

PRES

01/04/2012

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