

# **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000073098

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

**Entity Name:** CALATHES MCCORD INSURANCE GROUP, LLC

**Current Principal Place of Business:**

2131 TRILLIUM PARK LANE  
SANFORD, FL 32773 US

**New Principal Place of Business:**

2114 WASHINGTON ROAD  
MOUNT DORA, FL 32757 US

**Current Mailing Address:**

2131 TRILLIUM PARK LANE  
SANFORD, FL 32773 US

**New Mailing Address:**

2114 WASHINGTON ROAD  
MOUNT DORA, FL 32757 US

**FEI Number:** 26-0526743

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

CALATHES, JOHN Z  
2131 TRILLIUM PARK LANE  
SANFORD, FL 32773 US

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

MCCORD, DANITA C  
2114 WASHINGTON ROAD  
MOUNT DORA, FL 32757 US

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:** DANITA CALATHES MCCORD

05/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MCCORD, DANITA C  
**Address:** 3509 PREMIER DRIVE  
**City-St-Zip:** CASSELBERRY, FL 32707 US

**Title:** MGR  
**Name:** CALATHES, JOHN Z  
**Address:** 2131 TRILLIUM PARK LANE  
**City-St-Zip:** SANFORD, FL 32773 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:** DANITA CALATHES MCCORD

MGMR

05/23/2012

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