

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081806

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** SCOTT INSURANCE GROUP, LLC

**Current Principal Place of Business:**

300 S DUNCAN AVE SUITE 134  
CLEARWATER, FL 33755

**New Principal Place of Business:**

8845 ULMERTON RD  
LARGO, FL 33771

**Current Mailing Address:**

300 S DUNCAN AVE SUITE 134  
CLEARWATER, FL 33755

**New Mailing Address:**

8845 ULMERTON RD  
LARGO, FL 33771

**FEI Number:** 26-0713379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, BRADLEY D  
300 S DUNCAN AVE SUITE 134  
CLEARWATER, FL 33755 US

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

SCOTT, BRADLEY D  
8845 ULMERTON RD  
LARGO, FL 33771 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: BRADLEY D SCOTT

05/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCOTT, BRADLEY D  
Address: 8845 ULMERTON RD  
City-St-Zip: LARGO, FL 33771

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: BRADLEY D SCOTT

MGRM

05/01/2011

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