

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000081806

**FILED**  
**May 01, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

8845 ULMERTON RD  
LARGO, FL 33771

**New Principal Place of Business:**

2255 STARKEY RD UNIT #10  
LARGO, FL 33771

**Current Mailing Address:**

8845 ULMERTON RD  
LARGO, FL 33771

**New Mailing Address:**

PO BOX 4543  
CLEARWATER, FL 33758

**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  
8845 ULMERTON RD  
LARGO, FL 33771 US

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

SCOTT, BRADLEY D  
2255 STARKEY RD UNIT #10  
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

05/01/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCOTT, BRADLEY D  
Address: PO BOX 4543  
City-St-Zip: CLEARWATER, FL 33758

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

05/01/2012

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