

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000087074

**FILED**  
**Mar 08, 2011**  
**Secretary of State**

**Entity Name:** DOOR IN INSURANCE, LLC

**Current Principal Place of Business:**

1560 SAWGRASS CORPORATE PARKWAY  
400  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

5239 NW 112TH WAY  
CORAL SPRINGS, FL 33076 US

**Current Mailing Address:**

5239 NW 112TH WAY  
CORAL SPRINGS, FL 33076 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

KRUL, MICHAEL H  
200 EAST BROWARD BLVD, 15TH FLOOR  
FT LAUDERDALE, FL 33301 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: P  
Name: ADIKA, DORIN M  
Address: 5239 NW 112TH WAY  
City-St-Zip: CORAL SPRINGS, 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: DORIN M ADIKA P 03/08/2011

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