

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000094687

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** S.G. BASHANT INSURANCE, LLC

**Current Principal Place of Business:**

529 NW PRIMA VISTA BLVD  
301E  
PORT ST. LUCIE, FL 34983

**New Principal Place of Business:**

1349A ST LUCIE WEST BLVD  
PORT ST. LUCIE, FL 34986

**Current Mailing Address:**

529 NW PRIMA VISTA BLVD  
301E  
PORT ST. LUCIE, FL 34983

**New Mailing Address:**

1349A ST LUCIE WEST BLVD  
PORT ST. LUCIE, FL 34986

**FEI Number:** 74-3232673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BASHANT, SUSAN G  
7080 TORREY PINES CIRCLE  
PORT ST. LUCIE, FL 34986 US

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

BASHANT, SUSAN G  
2542 SE PINELAND DR  
PORT ST. LUCIE, FL 34952 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: SUSAN G BASHANT

01/14/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BASHANT, SUSAN G  
Address: 2542 SE PINELAND DR  
City-St-Zip: PORT ST. LUCIE, FL 34952

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: SUSAN G BASHANT

OWNE

01/14/2011

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