

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000104759

**FILED**  
**Jan 20, 2012**  
**Secretary of State**

**Entity Name:** GENERATION INSURANCE LLC

**Current Principal Place of Business:**

7191 66TH ST N  
PINELLAS PARK, FL 33781

**New Principal Place of Business:**

6400 SEMINOLE BLVD  
SUITE 2  
SEMINOLE, FL 33772

**Current Mailing Address:**

7191 66TH ST N  
PINELLAS PARK, FL 33781

**New Mailing Address:**

6400 SEMINOLE BLVD  
SUITE 2  
SEMINOLE, FL 33772

**FEI Number:** 26-1251416

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

YOUNG, SEAN  
12003 LILLIAN AVE N  
SEMINOLE, FL 33778 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:** MGRM  
**Name:** WEAVER, CHRIS  
**Address:** 4290 68TH AVE N  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** MGRM  
**Name:** RUNYON, TIM  
**Address:** 7138 77TH ST  
**City-St-Zip:** PINELLAS PARK, FL 33781

**Title:** MGRM  
**Name:** YOUNG, SEAN  
**Address:** 12003 LILLIAN AVE N  
**City-St-Zip:** SEMINOLE, FL 33778

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:** SEAN YOUNG

MGRM

01/20/2012

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