

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000106997

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** ASSURESIGN, LLC

**Current Principal Place of Business:**

220 E. CENTRAL PKWY, STE 3000  
ALTAMONTE SPRINGS, FL 32701

**New Principal Place of Business:**

240 E. CENTRAL PKWY, STE 3020  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

220 E. CENTRAL PKWY, STE 3000  
ALTAMONTE SPRINGS, FL 32701

**New Mailing Address:**

240 E. CENTRAL PKWY, STE 3020  
ALTAMONTE SPRINGS, FL 32701

FEI Number: 26-1816210

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

BRINKMAN, DAVID W  
220 E. CENTRAL PKWY, STE 3000  
ALTAMONTE SPRINGS, FL 32701 US

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

BRINKMAN, DAVID W  
240 E. CENTRAL PKWY, STE 3020  
ALTAMONTE SPRINGS, FL 32701 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: \_\_\_\_\_

Electronic Signature of Registered Agent

02/23/2012

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BRINKMAN, DAVID W  
Address: 240 E. CENTRAL PKWY, STE 3020  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

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: STEVEN CARDILLO

CFO

02/23/2012

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