

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000113813

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** INSURANCE NEW TAMPA, LLC

**Current Principal Place of Business:**

32733 EILAND BLVD., STE 101  
WESLEY CHAPEL, FL 33545

**New Principal Place of Business:**

**Current Mailing Address:**

32733 EILAND BLVD., STE 101  
WESLEY CHAPEL, FL 33545

**New Mailing Address:**

**FEI Number:** 26-2129462

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLACK, ROBERT E  
17909 TIMBER VIEW ST  
TAMPA, FL 33647 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:** BLACK, ROBERT E  
**Address:** 17909 TIMBER VIEW ST  
**City-St-Zip:** TAMPA, FL 33647

**Title:** MGRM  
**Name:** CASEY, SUSAN  
**Address:** 25802 RISEN STAR DR  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

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:** ROBERT E BLACK

MGRM

02/17/2011

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