

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000115204

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

**Entity Name:** ADVISOR INSURANCE GROUP, LLC

**Current Principal Place of Business:**

919 CLEARCREEK DR.  
TAMPA, FL 33613

**New Principal Place of Business:**

15350 NORTH FLORIDA AVE  
TAMPA, FL 33613

**Current Mailing Address:**

919 CLEARCREEK DR.  
TAMPA, FL 33613

**New Mailing Address:**

15601 GARDENSIDE LANE  
TAMPA, FL 33624

**FEI Number:** 26-1410153

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RHOMBERG, DONALD M  
15601 GARDENSIDE LANE  
TAMPA, FL 33624 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: RHOMBERG, DONALD M  
Address: 15601 GARDENSIDE LANE  
City-St-Zip: TAMPA, FL 33624

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: DONALD M. RHOMBERG

MGRM

08/08/2011

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