

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000117692

**FILED**  
**Jan 10, 2012**  
**Secretary of State**

**Entity Name:** DAN WORON INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

1981 SE PORT ST LUCIE BLVD.  
SUITE A  
PORT ST LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

1981 SE PORT ST LUCIE BLVD.  
SUITE A  
PORT ST LUCIE, FL 34952

**New Mailing Address:**

**FEI Number:** 26-1399583

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WORON, DANIEL A  
2362 NW BAY COLONY COURT  
STUART, FL 34994 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: MGR  
Name: WORON, DANIEL A  
Address: 2362 NW BAY COLONY COURT  
City-St-Zip: STUART, FL 34994

Title: MGR  
Name: WORON, NANCY P  
Address: 2362 NW BAY COLONY COURT  
City-St-Zip: STUART, FL 34994

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: DANIEL A. WORON

MGR

01/10/2012

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