

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004601

FILED  
Feb 15, 2012  
Secretary of State

**Entity Name:** TOTAL INSURANCE GROUP LLC

**Current Principal Place of Business:**

5050 S HIGHWAY 17-92  
STE 107  
CASSELBERRY, FL 32792 US

**New Principal Place of Business:**

6083 W. ATLANTIC BLVD.  
MARGATE, FL 33063 US

**Current Mailing Address:**

P.O. BOX 180577  
CASSELBERRY, FL 32718 US

**New Mailing Address:**

P.O. BOX 670970  
CORAL SPRINGS, FL 33067 US

**FEI Number:** 26-1746472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WERNLE, EDWIN F  
2173 SEAPORT CIRCLE  
101  
WINTER PARK, FL 32792 US

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

WERNLE, EDWIN F  
5520 NW 50TH WAY  
COCONUT CREEK, FL 33073 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: EDWIN WERNLE

02/15/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WERNLE, EDWIN F  
Address: 5520 NW 50TH WAY  
City-St-Zip: COCONUT CREEK, FL 33067 US

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: EDWIN WERNLE

MGRM

02/15/2012

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