

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011155

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Entity Name:** INSURANCE AFFILIATES AGENCY, LLC

**Current Principal Place of Business:**

33 E. PINE ST.  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

33 E. PINE ST.  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 26-2572446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DUNN, MICHAEL  
33 E. PINE ST.  
ORLANDO, FL 32801 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: INSURANCE AFFILIATES, LLC  
Address: 33 E. PINE ST.  
City-St-Zip: ORLANDO, FL 32801

Title: MGRM  
Name: FBC MORTGAGE, LLC  
Address: 189 S. ORANGE AVE., SUITE 970  
City-St-Zip: ORLANDO, FL 32801

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: SAL A. NUNZIATA

MGRM

01/31/2012

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