

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000022700

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

1013 US HWY 1  
SEBASTIAN, FL 32958

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 650849  
VERO BEACH, FL 32965

**New Mailing Address:**

**FEI Number:** 90-0350481

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID J. POWERS, P.A.  
7777 GLADES ROAD, SUITE 300  
BOCA RATON, FL 33434 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:** MR.  
**Name:** WILLIAM, KRIENER  
**Address:** 5957 SPANISH RIVER ROAD  
**City-St-Zip:** FT. PIERCE, FL 34951

**Title:** MR.  
**Name:** GARY, FRAZIER  
**Address:** 2001 BEACHSIDE DRIVE  
**City-St-Zip:** VERO BEACH, FL 32963

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:** WILLIAM KRIENER

MGR

01/05/2012

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