

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000032320

**Entity Name:** MARQUIS INSURANCE, LLC

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

**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:** 30-0473807

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KRIENER, WILLIAM E  
1013 US HWY 1  
SEBASTIAN, FL 32958 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: MEMB  
Name: KRIENER, WILLIAM E OWNER  
Address: 1013 US HWY 1  
City-St-Zip: SEBASTIAN, FL 32965

Title: MEMB  
Name: FRAZIER, GARY W OWNER  
Address: 1013 US HWY 1  
City-St-Zip: SEBASTIAN, FL 32965

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 E KRIENER

MEMB

01/05/2012

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