

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062703

Entity Name: GARZOR INSURANCE, LLC

FILED
Jan 04, 2012
Secretary of State

Current Principal Place of Business:

9741 SOUTH ORANGE BLOSSOM TRAIL
SUITE 8
ORLANDO, FL 32837 89

New Principal Place of Business:

Current Mailing Address:

9741 SOUTH ORANGE BLOSSOM TRAIL
SUITE 8
ORLANDO, FL 32837 89

New Mailing Address:

FEI Number: 26-2951778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZORRILLA, MARIANA
9753 SOUTH ORANGE BLOSSOM TRAIL
SUITE 201
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

ZORRILLA, MARIANA
9741 SOUTH ORANGE BLOSSOM TRAIL
SUITE 8
ORLANDO, FL 32837 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: MARIANA ZORRILLA

01/04/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ZORRILLA, MARIANA
Address: 9741 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: MGRM
Name: GARCIA, MANDO
Address: 9741 SOUTH ORANGE BLOSSOM TRAIL
City-St-Zip: ORLANDO, FL 32837

Title: MGR
Name: PALOMO, RITA
Address: 9741 S. ORANGE BLOSSOM TRAIL SUITE 201
City-St-Zip: ORLANDO, FL 32837

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: MARIANA ZORRILLA

MGRM

01/04/2012

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