2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 23, 2012
Secretary of State

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Entity Name: HORIZON INSURANCE MANAGERS, LLC

Current Principal Place of Business:

210 SOUTH PINELLAS AVENUE
152
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

210 SOUTH PINELLAS AVENUE
152
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LEE, THORLIN A
210 SOUTH PINELLAS AVENUE
152
TARPON SPRINGS, FL 34689 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: LEE, THORLIN A
Address: 210 SOUTH PINELLAS AVE. STE 152
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM
Name: SERFASS, DAVID D
Address: 210 SOUTH PINELLAS AVE. STE. 152
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM
Name: PERRINE, PETER
Address: 210 SOUTH PINELLAS AVE. STE. 152
City-St-Zip: TARPON SPRINGS, FL 34689

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 Statues.

SIGNATURE: THORLIN LEE MGRM 03/23/2012

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