

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066140

FILED  
Apr 04, 2012  
Secretary of State

**Entity Name:** LONG-TERM CARE INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

3878 N LAKE ORLANDO PARKWAY  
ORLANDO, FL 32808

**New Principal Place of Business:**

**Current Mailing Address:**

3878 N LAKE ORLANDO PARKWAY  
ORLANDO, FL 32808

**New Mailing Address:**

FEI Number: 36-4637007

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COCHRAN, ROBERT L  
3878 N LAKE ORLANDO PARKWAY  
ORLANDO, FL 32808 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: COCHRAN, ROBERT L

Address: 3878 N LAKE ORLANDO PARKWAY

City-St-Zip: ORLANDO, FL 32808

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: ROBERT L. COCHRAN

MR.

04/04/2012

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