2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2012
Secretary of State

DOCUMENT# L08000080751

Entity Name: INSURANCE & RISK MANAGEMENT OF FLORIDA, LLC

Current Principal Place of Business:

220 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

220 CROWN OAK CENTRE DRIVE
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 26-3238834 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LITTLEFIELD, RODNEY C
75 PUTTER DRIVE
PALM COAST, FL 32164 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: MGR
Name: LITTLEFIELD, RODNEY C
Address: 75 PUTTER DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: MGRM
Name: HODGKINS, WILLIAM E
Address: 701 GULF LAND DRIVE
City-St-Zip: APOPKA, FL 32712

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: WILLIAM E HODGKINS MGRM 01/23/2012

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