2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2011
Secretary of State

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Entity Name: ACROSS THE BAY INSURANCE, LLC

Current Principal Place of Business:

30357 US HIGHWAY 19 N, STE G
CLEARWATER, FL 337611052 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 3434
HOLIDAY, FL 34692 US

New Mailing Address:

FEI Number: 32-0264421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEUENDORF, DIANNE K
30357 US HIGHWAY 19 N
SUITE G
CLEARWATER, FL 337611052 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: NEUENDORF, DANIEL M
Address: 9249 SACRAMENTO DR
City-St-Zip: NEW PORT RICHEY, FL 34655

Title: MGRM
Name: COYLE, RICHARD
Address: 1608 13TH ST
City-St-Zip: MONROE, WI 53566 US

Title: MGRM
Name: COYLE, CAROLYNN S
Address: 1608 13TH ST
City-St-Zip: MONROE, WI 53566 US

Title: MGRM
Name: NEUENDORF, JAMES C II
Address: 5626 ANDREA DR
City-St-Zip: HOLIDAY, FL 34692 US

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: CAROLYNN COYLE MGRM 01/25/2011

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