

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000096450

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**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:** NEUENDORF, DIANNE  
**Address:** 6031 REDWOOD DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34653 US

**Title:** MGRM  
**Name:** NEUENDORF, BRETT L  
**Address:** 9249 SACRAMENTO DR  
**City-St-Zip:** NEW PORT RICHEY, FL 34655 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 Statutes.

**SIGNATURE:** DIANNE NEUENDORF

MGR

03/26/2012

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