

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000002282

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA PROTECTIVE INSURANCE, LLC.

**Current Principal Place of Business:**

324 WILSHIRE BLVD.  
CASSELBERRY, FL 32707

**New Principal Place of Business:**

5425 S. SEMORAN BLVD  
1 D  
ORLANDO, FL 32822

**Current Mailing Address:**

6012 BENT PINE DR.  
#2514  
ORLANDO, FL 32822

**New Mailing Address:**

5425 S. SEMORAN BLVD  
1 D  
ORLANDO, FL 32822

**FEI Number:** 26-3929552

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BEDOYA, LEIDIS Y  
6012 BENT PINE DR.  
#2514  
ORLANDO, FL 32822 US

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

BEDOYA, LEIDIS Y  
5425 S SEMORAN BLVD  
1D  
ORLANDO, FL 32822 US

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:

03/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BEDOYA, LEIDIS Y  
Address: 5425 S. SEMORAN BLVD SUITE 1D  
City-St-Zip: ORLANDO, FL 32822

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: LEIDIS Y. BEDOYA

MGRM

03/02/2010

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