# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 05, 2011**
**Secretary of State**

DOCUMENT# L09000011477

**Entity Name:** LIONSBRIDGE INSURANCE, LLC

**Current Principal Place of Business:**

4230 PABLO PROFESSIONAL CT
STE 202
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4230 PABLO PROFESSIONAL CT
STE 202
JACKSONVILLE, FL 32224

**New Mailing Address:**

**FEI Number: 26-3922155** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

FRASER, THOMAS J JR
4230 PABLO PROFESSIONAL CT
STE 202
JACKSONVILLE, FL 32224 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: FRASER, THOMAS J JR
Address: 4230 PABLO PROFESSIONAL CT - STE 202
City-St-Zip: JACKSONVILLE, FL 32224

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: THOMAS J FRASER JR MGR 01/05/2011

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