

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000011477

FILED
Jan 04, 2012
Secretary of State

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:

ZANGHETTI, RICHARD
4230 PABLO PROFESSIONAL CT
STE 202
JACKSONVILLE, FL 32224 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: RICHARD ZANGHETTI

01/04/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ZANGHETTI, RICHARD
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 Statutes.

SIGNATURE: RICHARD ZANGHETTI

MGR

01/04/2012

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