

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000012763

FILED  
Jan 08, 2011  
Secretary of State

**Entity Name:** TEACHERS INSURANCE SPECIALISTS, LLC

**Current Principal Place of Business:**

1180 SPRING CENTRE S. BLVD  
212  
ALTAMONTE SPRINGS, FL 32746

**New Principal Place of Business:**

2912 W. STATE ROAD 434  
101  
LONGWOOD, FL 32779

**Current Mailing Address:**

1180 SPRING CENTRE S. BLVD  
212  
ALTAMONTE SPRINGS, FL 32746

**New Mailing Address:**

2917 W. STATE RD. 434  
101  
LONGWOOD, FL 32779

**FEI Number:** 26-4355864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BALDWIN, C. SIMONE  
2612 REAGAN TRAIL  
LAKE MARY, FL 32746 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: BALDWIN, C. SIMONE  
Address: 2612 REAGAN TRAIL  
City-St-Zip: LAKE MARY, FL 32746

Title: MGR  
Name: BALDWIN, ROSS J  
Address: 2612 REAGAN TRAIL  
City-St-Zip: LAKE MARY, FL 32746

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: C. SIMONE BALDWIN

MGR

01/08/2011

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