

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014308

**FILED**  
**Apr 27, 2011**  
**Secretary of State**

**Entity Name:** OPTIONS UNLIMITED INSURANCE LLC

**Current Principal Place of Business:**

101 HOLDERNESS DRIVE  
LONGWOOD, FL 32779

**New Principal Place of Business:**

802 N SWEETWATER BLVD  
LONGWOOD, FL 32779

**Current Mailing Address:**

101 HOLDERNESS DRIVE  
LONGWOOD, FL 32779

**New Mailing Address:**

802 N SWEETWATER BLVD  
LONGWOOD, FL 32779

**FEI Number:** 94-3467087

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GOLDBERG, JODI  
101 HOLDERNESS DRIVE  
LONGWOOD, FL 32779 US

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

GOLDBERG, JODI  
802 N SWEETWATER BLVD  
LONGWOOD, FL 32779 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: JODI GOLDBERG

04/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOLDBERG, JODI  
Address: 802 N SWEETWATER BLVD  
City-St-Zip: LONGWOOD, FL 32779

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: JODI GOLDBERG

OWNE

04/27/2011

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