

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000028485

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** BOSTON INSURANCE AGENCY LLC

**Current Principal Place of Business:**

2202 N. WEST SHORE BOULEVARD  
SUITE 200  
TAMPA, FL 33607

**New Principal Place of Business:**

4134 GULF OF MEXICO DRIVE  
# 207  
LONGBOAT KEY, FL 34228 US

**Current Mailing Address:**

14014 HOLLOW LEAS PLACE  
RIVERVIEW, FL 33579

**New Mailing Address:**

4134 GULF OF MEXICO DRIVE  
# 207  
LONGBOAT KEY, FL 34228 US

**FEI Number:** 80-0363592

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOSTON, BRUCE MRG  
14014 HOLLOW LEAS PLACE  
RIVERVIEW, FL 33579 US

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

BOSTON, BRUCE MRG  
1419 26TH AVE WEST  
# 19  
BRADENTON, FL 34205 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: BRUCE BOSTON

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BOSTON, BRUCE  
Address: P.O. BOX 1091  
City-St-Zip: BRADENTON, FL 34206

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: BRUCE BOSTON

MGR

04/30/2012

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