

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000045969

**FILED**  
**Apr 21, 2011**  
**Secretary of State**

**Entity Name:** CAPE CORAL INSURANCE GROUP LLC

**Current Principal Place of Business:**

4529 SE 16TH PL. #103  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

**Current Mailing Address:**

4529 SE 16TH PL. #103  
CAPE CORAL, FL 33904

**New Mailing Address:**

**FEI Number:** 26-4813084

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNDT, CRAIG  
16586 N DALE MABRY HWY  
TAMPA, FL 33618 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:** MGRM  
**Name:** MICHAEL SCHNEIDER-CHRISTIANS  
**Address:** 3306 SE 22ND AVENUE  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** MGRM  
**Name:** VERENA SCHNEIDER-CHRISTIANS  
**Address:** 3306 SE 22ND AVE  
**City-St-Zip:** CAPE CORAL, FL 33904

**Title:** MGRM  
**Name:** ARNDT, CRAIG  
**Address:** 19113 ST EMILLION CT  
**City-St-Zip:** LUTZ, FL 33558

**Title:** MGRM  
**Name:** ARNDT, VANESSA  
**Address:** 19113 ST EMILLION CT  
**City-St-Zip:** LUTZ, FL 33558

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:** CRAIG ARNDT

PRES

04/21/2011

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