

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000051247

**FILED**  
**May 17, 2011**  
**Secretary of State**

**Entity Name:** ETHIX REINSURANCE INTERMEDIARIES LLC

**Current Principal Place of Business:**

1000 118TH AVENUE N  
ST. PETERSBURG, FL 33716 US

**New Principal Place of Business:**

**Current Mailing Address:**

10716 ZIEGLERS DRIVE  
BROOKLYN PARK, MN 55443

**New Mailing Address:**

**FEI Number:** 80-0411082

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PAWLIK, TIMOTHY J  
1000 118TH AVENUE N  
ST. PETERSBURG, FL 33716 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: SCHMIDT, DALE F  
Address: 1990 CAROLINA CIRCLE NE  
City-St-Zip: ST PETERSBURG, FL 33703 US

Title: MGRM  
Name: PAWLIK, THOMAS E  
Address: 1331 BEACON HILL DRIVE  
City-St-Zip: COLORADO, CO 80126 US

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: TIMOTHY J PAWLIK

MGR

05/17/2011

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