

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051247

**FILED**  
**Apr 06, 2012**  
**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:**

PROSEANIK, OLGA  
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:** DALE F. SCHMIDT

MGRM

04/06/2012

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