

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051445

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** D.R.G. INSURANCE GROUP LLC

**Current Principal Place of Business:**

1405 1/2 DR. MARTIN LUTHER KING BLVD.  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

1405 1/2 DR. MARTIN LUTHER KING JR BLVD.  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

1405 1/2 DR. MARTIN LUTHER KING BLVD.  
ST. PETERSBURG, FL 33704

**FEI Number:** 27-0258044

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GARDNER, JASON A  
1405 1/2 DR. MARTIN LUTHER KING BLVD  
ST PETERSBURG, FL 33704 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: DI TRANI, JOHN J  
Address: 970 48TH AVENUE N  
City-St-Zip: ST PETERSBURG, FL 33703

Title: MGRM  
Name: GARDNER, JASON  
Address: 1405 1/2 DR. MARTIN LUTHER KING JR BLVD  
City-St-Zip: SAINT PETERSBURG, FL 33704

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: JASON GARDNER

V.P

04/22/2011

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