

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000056923

**FILED**  
**Jan 23, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA INSURANCE INFORMATION NETWORK LLC

**Current Principal Place of Business:**

18940 N. DALE MABRY HWY. #102  
LUTZ, FL 33548 US

**New Principal Place of Business:**

**Current Mailing Address:**

18940 N. DALE MABRY HWY. #102  
LUTZ, FL 33548 US

**New Mailing Address:**

**FEI Number:** 27-0365759

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HILLS, ROBERT M  
19103 HARBOR COVE CT  
LUTZ, FL 33558 US

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

HILLS, ROBERT M  
180 KEYSTONE PALMS BLVD  
TARPON SPRINGS, FL 34688 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:

01/23/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HILLS, ROBERT M  
Address: 180 KEYSTONE PALMS BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688 US

Title: MGRM  
Name: SANDRA, HILLS M  
Address: 180 KEYSTONE PALMS BLVD  
City-St-Zip: TARPON SPRINGS, FL 34688

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: ROBERT M HILLS

MGR

01/23/2012

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