

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000081408

FILED  
Jul 02, 2012  
Secretary of State

**Entity Name:** SEMINOLE INSURANCE AND FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

1507 S. ALEXANDER STREET  
103#4  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1507 S. ALEXANDER STREET  
103#4  
PLANT CITY, FL 33563 US

**New Mailing Address:**

**FEI Number:** 01-0929408

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

OSCEOLA-HAHN, PETER A  
1040 SEMINOLE DR. APT 1556  
FT. LAUDERDALE, FL 33304 US

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

OSCEOLA-HAHN, PETER A  
5450 SW 115TH AVE.  
COOPER CITY, FL 33330 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: PETER OSCEOLA-HAHN

07/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSCEOLA-HAHN, PETER A  
Address: 5450 SW 11TH AVE.  
City-St-Zip: COOPER CITY, FL 33330

Title: MGRM  
Name: STANFORD, CHARLES H  
Address: 4607 COPPER LN  
City-St-Zip: PLANT CITY, FL 33566

Title: MGRM  
Name: SIMMONS, KEITH M II  
Address: 9306 FOREST HILLS DRIVE  
City-St-Zip: TAMPA, FL 33612 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: PETER OSCEOLA-HAHN

MGRM

07/02/2012

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