

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000093814

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** NORTH SHORE INSURANCE GROUP, LLC.

**Current Principal Place of Business:**

111 2ND AVE. NE, SUITE 102  
ST. PETERSBURG, FL 33701

**New Principal Place of Business:**

1904 4TH ST. N  
ST. PETERSBURG, FL 33704

**Current Mailing Address:**

204 37TH AVE. N.  
SUITE 156  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 27-1014319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MACMURRAY, ERIK  
835 16TH AVE. NE  
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:** MACMURRAY, ERIK  
**Address:** 835 16TH AVE NE  
**City-St-Zip:** ST. PETERSBURG, FL 33704

**Title:** MGRM  
**Name:** BAER, TRACY  
**Address:** 835 16TH AVE NE  
**City-St-Zip:** ST. 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: ERIK MACMURRAY      MGRM      02/07/2012

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