

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000099397

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** ACADEMIC INSURANCE SOLUTIONS, LLC.

**Current Principal Place of Business:**

7741 STILL LAKES DRIVE  
ODESSA, FL 33556

**New Principal Place of Business:**

**Current Mailing Address:**

7741 STILL LAKES DRIVE  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 27-1145466

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BLACK, ANGELA M  
7741 STILL LAKES DRIVE  
ODESSA, FL 33556 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: MGR  
Name: BLACK, ANGELA M  
Address: 7741 STILL LAKES DRIVE  
City-St-Zip: ODESSA, FL 33556

Title: MGR  
Name: BLACK, JOHN S  
Address: 7741 STILL LAKES DRIVE  
City-St-Zip: ODESSA, FL 33556

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: JOHN S. BLACK

MGR

06/12/2012

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