

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000101439

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** FLORIDA HERITAGE INSURANCE, LLC

**Current Principal Place of Business:**

23546 SR 54  
LUTZ, FL 33559 US

**New Principal Place of Business:**

13311 WINDING OAK CT  
B  
TAMPA, FL 33612 US

**Current Mailing Address:**

P.O. BOX 7853  
WESLEY CHAPEL, FL 33545 US

**New Mailing Address:**

**FEI Number:** 27-1158550      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

NELSON, LINDA E  
32540 GREENWOOD LOOP  
ZEPHYRHILLS, FL 33545 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:** NELSON, LINDA E  
**Address:** 32540 GREENWOOD LOOP  
**City-St-Zip:** ZEPHYRHILLS, FL 33545 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: LINDA E. NELSON

MGRM

04/30/2012

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