

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003751

**FILED**  
**Mar 18, 2011**  
**Secretary of State**

**Entity Name:** SOUTHEAST ATLANTIC INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

9270 WEST INDIANTOWN RD  
SUITE C7  
JUPITER, FL 33478

**New Principal Place of Business:**

4731 W ATLANTIC AVE  
SUITE B6  
DELRAY BEACH, FL 33445

**Current Mailing Address:**

9270 WEST INDIANTOWN RD  
SUITE C7  
JUPITER, FL 33478

**New Mailing Address:**

4731 W ATLANTIC AVE  
SUITE B6  
DELRAY BEACH, FL 33445

**FEI Number:** 27-1657379

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HANNULA, BROOKS  
9270 WEST INDIANTOWN RD  
SUITE C7  
JUPITER, FL 33478 US

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

HANNULA, BROOKS  
22366 PINEAPPLE WALK DRIVE  
BOCA RATON, FL 33433 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:

03/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HANNULA, BROOKS  
Address: 22366 PINEAPPLE WALK DRIVE  
City-St-Zip: BOCA RATON, FL 33433

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: BROOKS HANNULA

MGMR

03/18/2011

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