

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000003751

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

4731 W ATLANTIC AVE  
SUITE B6  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4731 W ATLANTIC AVE  
SUITE B6  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**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  
22366 PINEAPPLE WALK DRIVE  
BOCA RATON, FL 33433 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: 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

OWNE

01/09/2012

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