

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000019694

Entity Name: ASSURANCE CONCEPTS, LLC

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

**Current Principal Place of Business:**

408 S. WEST SHORE BLVD.  
TAMPA, FL 33609

**New Principal Place of Business:**

970 LAKE CARILLON DRIVE  
SUITE 300  
ST. PETERSBURG, FL 33716

**Current Mailing Address:**

408 S. WEST SHORE BLVD.  
TAMPA, FL 33609

**New Mailing Address:**

970 LAKE CARILLON DRIVE  
SUITE 300  
ST. PETERSBURG, FL 33716

FEI Number: 37-1594936

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

ROOSA, RANDALL L  
408 S. WEST SHORE BLVD.  
TAMPA, FL 33609 US

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

OSBRACH, BENJAMIN D  
970 LAKE CARILLON DRIVE  
SUITE 300  
ST. PETERSBURG, FL 33716 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: BENJAMIN OSBRACH

01/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: OSBRACH, BENJAMIN D  
Address: 970 LAKE CARILLON DRIVE, SUITE 300  
City-St-Zip: ST. PETERSBURG, FL 33716

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: BENJAMIN OSBRACH

MGRM

01/30/2012

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