

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000023461

FILED  
Apr 18, 2011  
Secretary of State

**Entity Name:** TELLIS & TELLIS INSURANCE LLC

**Current Principal Place of Business:**

17757 US HIGHWAY 19 NORTH  
SUITE 115  
CLEARWATER, FL 33764 US

**New Principal Place of Business:**

**Current Mailing Address:**

17757 US HIGHWAY 19 NORTH  
SUITE 115  
CLEARWATER, FL 33764 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (x)**                      **Certificate of Status Desired ( )**

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

TELLIS, HAYWOOD J  
17757 US HIGHWAY 19 NORTH  
SUITE 115  
CLEARWATER, FL 33764 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:** TELLIS, HAYWOOD J  
**Address:** 17757 US HIGHWAY 19 NORTH SUITE 115  
**City-St-Zip:** CLEARWATER, FL 33764 US

**Title:** MGR  
**Name:** TELLIS, ANN S  
**Address:** 17757 US HIGHWAY 19 NORTH SUITE 115  
**City-St-Zip:** CLEARWATER, FL 33764 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: HAYWOOD J TELLIS

MGRM

04/18/2011

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