

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000024908

**FILED**  
**Mar 07, 2012**  
**Secretary of State**

**Entity Name:** THE INSURANCE WORKSHOP LLC.

**Current Principal Place of Business:**

165 SABAL PALM DRIVE  
STE 111  
LONGWOOD, FL 32779

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 163123  
ALTAMONTE SPRINGS, FL 32718

**New Mailing Address:**

**FEI Number:** 27-1986768

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORALES, CRUZ  
165 SABAL PALM DRIVE  
STE 111  
LONGWOOD, FL 32779 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:** MGR  
**Name:** MORALES, CRUZ JR.  
**Address:** 165 SABAL PALM DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

**Title:** MGRM  
**Name:** MORALES, LISA  
**Address:** 165 SABAL PALM DRIVE  
**City-St-Zip:** LONGWOOD, FL 32779

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:** CRUZ MORALES JR.

MGR

03/07/2012

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