

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000027325

**FILED**  
**Jun 04, 2012**  
**Secretary of State**

**Entity Name:** ASSOCIATION INSURANCE GROUP LLC

**Current Principal Place of Business:**

464 NORTH HARBOR CITY BLVD  
MELBOURNE, FL 32935

**New Principal Place of Business:**

**Current Mailing Address:**

464 NORTH HARBOR CITY BLVD  
MELBOURNE, FL 32935

**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:**

MACK, JAY E  
1211 S. MILITARY TR STE 100  
DEERFIELD BEACH, FL 33442 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: POWERS, DEBRA  
Address: 464 NORTH HARBOR CITY BLVD  
City-St-Zip: MELBOURNE, FL 32935

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: DEBRA J. POWERS

MGR

06/04/2012

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