

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000029995

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

**Entity Name:** DEVORE INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

7329 BENT GRASS DRIVE  
WINTER HAVEN, FL 33884

**New Principal Place of Business:**

1012 6TH ST NW  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

7329 BENT GRASS DRIVE  
WINTER HAVEN, FL 33884

**New Mailing Address:**

1012 6TH ST NW  
WINTER HAVEN, FL 33881

**FEI Number:** 27-2120264

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEVORE, DAVID A  
7329 BENT GRASS DRIVE  
WINTER HAVEN, FL 33884 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: MM  
Name: DEVORE, DAVID A  
Address: 7329 BENT GRASS DR  
City-St-Zip: WINTER HAVEN, FL 33884 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: DAVID A. DEVORE

MM

01/04/2012

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