

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000030149

**FILED**  
**Feb 24, 2012**  
**Secretary of State**

**Entity Name:** MATURE MARKET INSURANCE GROUP, LLC

**Current Principal Place of Business:**

2910 W LAKE MARY BLVD  
SUITE 102  
LAKE MARY, FL 32746 US

**New Principal Place of Business:**

**Current Mailing Address:**

2910 W LAKE MARY BLVD  
SUITE 102  
LAKE MARY, FL 32746 US

**New Mailing Address:**

**FEI Number:** 27-2172765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

ENGLISH, PETER A  
1046 HENLEY DOWNS PLACE  
HEATHROW, FL 32746 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: ENGLISH, PETER A  
Address: 1046 HENLEY DOWNS PLACE  
City-St-Zip: HEATHROW, FL 32746 US

Title: MGR  
Name: ENGLISH, CYNTHIA A  
Address: 1046 HENLEY DOWNS PLACE  
City-St-Zip: HEATHROW, FL 32746 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: PETER A. ENGLISH

MGRM

02/24/2012

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