

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000032183

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** MMS PARTNERS IN INSURANCE, LLC

**Current Principal Place of Business:**

428 DEL PRADO BLVD. N, STE. 110  
CAPE CORAL, FL 33909

**New Principal Place of Business:**

**Current Mailing Address:**

428 DEL PRADO BLVD. N, STE. 110  
CAPE CORAL, FL 33909

**New Mailing Address:**

**FEI Number:** 27-2203012

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PEALY, MARILYN  
428 DEL PRADO BLVD. N, STE. 110  
CAPE CORAL, FL 33909 US

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

DUARTE, MARLENE  
428 DEL PRADO BLVD. N, STE. 110  
CAPE CORAL, FL 33909 US

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: MARLENE DUARTE

01/13/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DUARTE, MARLENE  
Address: 428 DEL PRADO BLVD. N, STE. 110  
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM  
Name: MARTIN, SUSAN M  
Address: 428 DEL PRADO BLVD. N, STE. 110  
City-St-Zip: CAPE CORAL, FL 33909

Title: MGRM  
Name: PEALY, MARILYN  
Address: 428 DEL PRADO BLVD. N, STE. 110  
City-St-Zip: CAPE CORAL, FL 33909

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: MARLENE DUARTE

MGRM

01/13/2011

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