

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000042667

**FILED**  
**Feb 17, 2011**  
**Secretary of State**

**Entity Name:** JECI2 INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

2751 SW BEAR PAW TRAIL  
PALM CITY, FL 34990

**New Principal Place of Business:**

727 COLORADO AVE  
STUART, FL 34994

**Current Mailing Address:**

2751 SW BEAR PAW TRAIL  
PALM CITY, FL 34990

**New Mailing Address:**

**FEI Number:** 27-2331158      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

SMITH, CORINA P  
2751 SW BEAR PAW TRAIL  
PALM CITY, FL 34990      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:** SMITH, ELIAS  
**Address:** 2751 SW BEAR PAW TRAIL  
**City-St-Zip:** PALM CITY, FL 34990

**Title:** MGRM  
**Name:** SMITH, CORINA P  
**Address:** 2751 SW BEAR PAW TRAIL  
**City-St-Zip:** PALM CITY, FL 34990

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: CORINA P SMITH

MGRM

02/17/2011

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