

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064523

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** ALLQUOTE INSURANCE, LLC

**Current Principal Place of Business:**

2236 CAPITAL CIRCLE N.E.  
UNIT 104  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

2910 KERRY FOREST BLVD  
SUITE D2  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

2236 CAPITAL CIRCLE N.E.  
UNIT 104  
TALLAHASSEE, FL 32308

**New Mailing Address:**

PO BOX 14095  
TALLAHASSEE, FL 32317

**FEI Number:** 27-2863394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCCONNELL, JOHN D  
2236 CAPITAL CIRCLE N.E.  
UNIT 104  
TALLAHASSEE, FL 32308 US

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

MCCONNELL, JOHN D  
2910 KERRY FOREST BLVD  
SUITE D2  
TALLAHASSEE, FL 32309 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:

03/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MCCONNELL, JOHN D  
Address: 2910 KERRY FOREST BLVD, SUITE D2  
City-St-Zip: TALLAHASSEE, FL 32309

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: JOHN D MCCONNELL

MGRM

03/20/2012

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