

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064723

Entity Name: MINGER INSURANCE, LLC

**FILED**  
**Sep 15, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

3390 KORI ROAD  
SUITE 3  
JACKSONVILLE, FL 32257 US

**New Principal Place of Business:**

342 VAN GOGH CIRCLE  
PONTE VEDRA, FL 32081 US

**Current Mailing Address:**

3390 KORI ROAD  
SUITE 3  
JACKSONVILLE, FL 32257 US

**New Mailing Address:**

342 VAN GOGH CIRCLE  
PONTE VEDRA, FL 32081 US

FEI Number: 27-2928568

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

MINGER, JONATHAN R  
342 VAN GOGH CIRCLE  
PONTE VEDRA, FL 32081 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: MINGER, JONATHAN R  
Address: 342 VAN GOGH CIRCLE  
City-St-Zip: PONTE VEDRA, FL 32081 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: JONATHAN MINGER

MGRM

09/15/2011

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