

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000083771

FILED
May 01, 2012
Secretary of State

Entity Name: EPROTECT INSURANCE LLC

Current Principal Place of Business:

4763 S CONWAY RD
B
ORLANDO, FL 32812 US

New Principal Place of Business:

Current Mailing Address:

4763 S CONWAY RD
B
ORLANDO, FL 32812 US

New Mailing Address:

FEI Number: 27-3215450 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LAPOINTE, DANIEL
8700 MAITLAND SUMMIT BLVD
405
ORLANDO, FL 32810 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: LAPOINTE, DANIEL
Address: 8700 MAITLAND SUMMIT BLVD., SUITE 405
City-St-Zip: ORLANDO, FL 32810

Title: MGR
Name: OVALLE, WILMAR A
Address: 4763 S CONWAY RD., SUITE B
City-St-Zip: ORLANDO, FL 32812

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: DANIEL LAPOINTE MGR 05/01/2012

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