

# 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