

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000083977

**FILED**  
**Apr 23, 2012**  
**Secretary of State**

**Entity Name:** IMPERIAL INSURANCE, LLC

**Current Principal Place of Business:**

3275 W HILLSBORO BLVD  
SUITE 309  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1001  
55 TALCOTT AVE  
VERNON, CT 06066

**New Mailing Address:**

**FEI Number:** 27-3472360

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SAWICKI, JOSHUA  
9121 N. MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410 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:** JOSHUA, SAWICKI  
**Address:** 55 TALCOTT AVE  
**City-St-Zip:** VERNON, CT 06084

**Title:** MGRM  
**Name:** CAROLINE, EHRENTAL  
**Address:** 3275 W. HILLSBORO BLVD  
**City-St-Zip:** DEERFIELD BEACH, FL 33442

**Title:** MGRM  
**Name:** ANTHONY, TAINES  
**Address:** 5650 NW 40TH TERRACE  
**City-St-Zip:** COCONUT CREEK, FL 33073

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: ANTHONY TAINES

MGRM

04/23/2012

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