2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2012
Secretary of State

DOCUMENT# L10000087641

Entity Name: ECLIPSE INSURANCE LLC

Current Principal Place of Business:

8 FOXFIRE ROAD
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

8 FOXFIRE ROAD
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 27-3294715 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GAINER, GWENDOLYN P
8 FOXFIRE ROAD
HOLLYWOOD, FL 33021 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: GAINER, GWENDOLYN P
Address: 8 FOXFIRE ROAD
City-St-Zip: HOLLYWOOD, FL 33021

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 Statues.

SIGNATURE: GWENDOLYN P GAINER MGR 01/19/2012

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