

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095971

**FILED**  
**Jun 22, 2012**  
**Secretary of State**

**Entity Name:** UNITED ONE INSURANCE FRANCHISE COMPANY, LLC

**Current Principal Place of Business:**

3739 49TH STREET NORTH  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

5500 4TH STREET NORTH  
ST. PETERSBURG, FL 33703 US

**Current Mailing Address:**

3739 49TH STREET NORTH  
ST. PETERSBURG, FL 33710 US

**New Mailing Address:**

PO BOX 55909  
ST. PETERSBURG, FL 33732 US

**FEI Number:** 30-0609259

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DOLETZKY, STEVE  
3739 49TH STREET NORTH  
ST. PETERSBURG, FL 33710 US

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

DOLETZKY, STEVE M SR  
5500 4TH STREET NORTH  
ST. PETERSBURG, FL 33732 US

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: STEVE M DOLETZKY SR

06/22/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DOLETZKY, STEVE M SR  
Address: 5500 4TH STREET N  
City-St-Zip: ST. PETERSBURG, FL 33703

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: STEVE DOLETZKY SR

MGRM

06/22/2012

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