

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000099590

FILED
Jan 04, 2011
Secretary of State

Entity Name: INTERSECT FINANCIAL INSURANCE CONCEPTS, LLC

Current Principal Place of Business:

1888 S. CAPPERO DRIVE
SAINT AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

1888 S. CAPPERO DRIVE
SAINT AUGUSTINE, FL 32092

New Mailing Address:

FEI Number: 90-0613347

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAN EIMEREN, THOMAS
1888 S. CAPPERO DRIVE
SAINT AUGUSTINE, FL 32092 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: VAN EIMEREN, THOMAS
Address: 1888 S. CAPPERO DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM
Name: VAN EIMEREN, DORTHY
Address: 1888 S. CAPPERO DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: MGRM
Name: WATSON, RICHARD
Address: 1888 S. CAPPERO DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: THOMAS VAN EIMEREN

MGRM

01/04/2011

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