

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000104164

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** MAUREEN DIEFFENWIERTH INSURANCE, LLC

**Current Principal Place of Business:**

29142 CHAPEL PARK DR.  
WESLEY CHAPEL, FL 33543

**New Principal Place of Business:**

**Current Mailing Address:**

3632 LAND O LAKES BLVD  
SUITE 106-21  
LAND O' LAKES, FL 34639

**New Mailing Address:**

29142 CHAPEL PARK DR.  
WESLEY CHAPEL, FL 33543

**FEI Number:** 27-3632775

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIEFFENWIERTH, MAUREEN  
3632 LAND O' LAKES BOULEVARD  
SUITE 106-21  
LAND O' LAKES, FL 34639 US

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

DIEFFENWIERTH, MAUREEN  
29142 CHAPEL PARK DR.  
WESLEY CHAPEL, FL 33543 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: MAUREEN DIEFFENWIERTH

01/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DIEFFENWIERTH, MAUREEN  
Address: 29142 CHAPEL PARK DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

Title: MGRM  
Name: DIEFFENWIERTH, RYAN  
Address: 29142 CHAPEL PARK DR  
City-St-Zip: WESLEY CHAPEL, FL 33543

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: MAUREEN DIEFFENWIERTH

MGR

01/05/2012

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