

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000104442

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** FORCE INSURANCE GROUP L.L.C.

**Current Principal Place of Business:**

11708 US HWY 92 EAST  
SUITE C  
SEFFNER, FL 33584

**New Principal Place of Business:**

**Current Mailing Address:**

13951 MCINTOSH ROAD  
THONOTOSASSA, FL 33592

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

DENTMON, MARK E  
13951 MCINTOSH ROAD  
THONOTOSASSA, FL 33592 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: MGR  
Name: DENTMON, MARK E  
Address: 13951 MCINTOSH ROAD  
City-St-Zip: THONOTOSASSA, FL 33592

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: MARK DENTMON

PRES

04/29/2011

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