2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# L10000126586

Entity Name: SOUTH POINTE INSURANCE SERVICES, LLC

Current Principal Place of Business:

3660 ERINDALE DRIVE
VALRICO, FL 33596

New Principal Place of Business:

Current Mailing Address:

3660 ERINDALE DRIVE
VALRICO, FL 33596

New Mailing Address:

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

Name and Address of Current Registered Agent:

ROBERTS, RICHARD
509 EAST JACKSON STREET
TAMPA, FL 33602 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: SMOLEN, MICHAEL
Address: 3660 ERINDALE DRIVE
City-St-Zip: VALRICO, FL 33596

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: MICHAEL SMOLEN MGRM 04/27/2012

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