

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000129317

FILED
Feb 20, 2012
Secretary of State

Entity Name: LEGACY INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

3500 FINANCIAL PLAZA
4TH FLOOR
TALLAHASSEE, FL 32312 US

New Principal Place of Business:

Current Mailing Address:

3500 FINANCIAL PLAZA
4TH FLOOR
TALLAHASSEE, FL 32312 US

New Mailing Address:

FEI Number: 27-4300601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAPIRO, WADE R
3500 FINANCIAL PLAZA
4TH FLOOR
TALLAHASSEE, FL 32312 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: SHAPIRO, WADE R
Address: 5786 FARNSWORTH DR
City-St-Zip: TALLAHASSEE, FL 32312 US

Title: MGRM
Name: SHAPIRO, BRANDTLY H
Address: 3610 GARDENS PKWY #202-A
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

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: WADE R. SHAPIRO

MGRM

02/20/2012

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