

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000001678

FILED
Jan 03, 2012
Secretary of State

Entity Name: CORSAIR INSURANCE AGENCY LLC

Current Principal Place of Business:

2431 FLOWERING DOGWOOD DRIVE
ORLANDO, FL 32828

New Principal Place of Business:

Current Mailing Address:

2431 FLOWERING DOGWOOD DRIVE
ORLANDO, FL 32828

New Mailing Address:

FEI Number: 27-4529506

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: CARROLL, MICHAEL F
Address: 2431 FLOWERING DOGWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

Title: S
Name: CARROLL, MICHAEL F
Address: 2431 FLOWERING DOGWOOD DRIVE
City-St-Zip: ORLANDO, FL 32828

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: MICHAEL F. CARROLL

PRES

01/03/2012

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