

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000011452

Entity Name: PR SYNDICATION, LLC

**FILED**  
**Mar 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3111 W. DR. MARTIN LUTHER KING BLVD.  
SUITE 100  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

925 W CIMMERON DR  
TAMPA, FL 33603

**New Mailing Address:**

FEI Number: 27-4675549

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPOTO, NELSON J JR.  
925 W CIMMERON DR  
TAMPA, FL 33603 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: SPOTO, NELSON J JR  
Address: 925 W CIMMERON DR  
City-St-Zip: TAMPA, FL 33603

Title: MGRM  
Name: TRESSA DESIMONE, SHARON  
Address: 11024 SILVERDANCER DR  
City-St-Zip: RIVERVIEW, FL 33579

Title: MGRM  
Name: INSURANCE SYNDICATION, LLC  
Address: 925 W CIMMERON DR  
City-St-Zip: TAMPA, FL 33603

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: NELSON J SPOTO

CEO

03/31/2012

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