

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000017502

**FILED**  
**Jan 09, 2012**  
**Secretary of State**

**Entity Name:** CRONUS INSURANCE GROUP, LLC

**Current Principal Place of Business:**

200 SW FIRST AVE. SUITE 900  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

C/O ROBIN TRENCHARD  
75 ISHAM ROAD SUITE 420  
WEST HARTFORD, CT 06107

**New Mailing Address:**

**FEI Number:** 45-2121749

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KURTZ, RON  
200 SW FIRST AVE. SUITE 900  
FORT LAUDERDALE, FL 33301 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: TETREAULT, STEWART  
Address: 75 ISHAM ROAD SUITE 420  
City-St-Zip: WEST HARTFORD, CT 06107

Title: MGR  
Name: TETREAULT, MATTHEW E  
Address: 75 ISHAM ROAD SUITE 420  
City-St-Zip: WEST HARTFORD, CT 06107

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: STEWART E. TETREAULT

MGR

01/09/2012

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