

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000029348

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MIAMI PRIDE INSURANCE LLC

**Current Principal Place of Business:**

915 N.E. 125TH STREET, SUITE 101  
NORTH MIAMI, FL 33161

**New Principal Place of Business:**

**Current Mailing Address:**

915 N.E. 125TH STREET, SUITE 101  
NORTH MIAMI, FL 33161

**New Mailing Address:**

**FEI Number:** 80-0701411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** ST. JEAN, ALBERT  
**Address:** 915 N.E. 125TH STREET, SUITE 101  
**City-St-Zip:** NORTH MIAMI, FL 33161

**Title:** MGR  
**Name:** MANUEL, JUSTIN  
**Address:** 915 N.E. 125TH STREET, SUITE 101  
**City-St-Zip:** NORTH MIAMI, FL 33161

**Title:** S  
**Name:** ST. JEAN, ALBERT  
**Address:** 915 N.E. 125TH STREET, SUITE 101  
**City-St-Zip:** NORTH MIAMI, FL 33161

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:** ALBERT ST. JEAN

MGR

04/30/2012

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