2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2012
Secretary of State

DOCUMENT# L11000032250

Entity Name: COUNTRYSIDE INSURANCE AGENTS

Current Principal Place of Business:

3001 COUNTRYSIDE BLVD.
CLEARWATER, FL 33761

New Principal Place of Business:

Current Mailing Address:

3001 COUNTRYSIDE BLVD.
CLEARWATER, FL 33761

New Mailing Address:

FEI Number: 45-3338456 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SWINGLE, MICHAEL T
2486 INDIAN TRAILS EAST
PALM HARBOR, FL 34683 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: SWINGLE, MICHAEL T
Address: 2486 INDIAN TRAILS EAST
City-St-Zip: PALM HARBOR, FL 34683

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 Statues.

SIGNATURE: MICHAEL T SWINGLE MGR 02/15/2012

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