

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 14, 2012  
Secretary of State**

DOCUMENT# L11000043212

Entity Name: ST1 INSURANCE LLC

**Current Principal Place of Business:**

511 NE 15 STREET  
FT LAUDERDALE, FL 33304 US

**New Principal Place of Business:**

**Current Mailing Address:**

3670 KINGS HIGHWAY  
DOUGLASVILLE, GA 30135 US

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

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

STONE, DARLENE S  
511 NE 15 STREET  
FT LAUDERDALE, FL 33304 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: STONE, DARLENE S  
Address: 6812 GREEN OAK DRIVE  
City-St-Zip: DOUGLASVILLE, GA 30135 US

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: DARLENE S STONE

MBR

03/14/2012

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