2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 08, 2012
Secretary of State

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Entity Name: TRADITIONAL INSURANCE OF FLORIDA, LLC

Current Principal Place of Business:

2401 W EAU GALLIE BLVD
SUITE #2
MELBOURNE, FL 32935 US

New Principal Place of Business:

Current Mailing Address:

2401 W EAU GALLIE BLVD
SUITE #2
MELBOURNE, FL 32935 US

New Mailing Address:

FEI Number: 45-1773020 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WOODSON, CATHERINE A
5181 BRIDGE RD.
PORT SAINT JOHN, FL 32927 US

Name and Address of New Registered Agent:

WOODSON, CATHERINE A
2300 HIDDEN HAMMOCK LANE
MELBOURNE, FL 32934 US

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: CATHERINE WOODSON 03/08/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: WOODSON, CATHERINE A
Address: 2401 W EAU GALLIE BLVD
City-St-Zip: MELBOURNE, FL 32935 US

Title: MGRM
Name: TOWERS MANAGEMENT GROUP, INC
Address: 2401 W EAU GALLIE BLVD., SUITE 3
City-St-Zip: MELBOURNE, FL 32935 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 Statues.

SIGNATURE: CATHERINE WOODSON PRIN 03/08/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date