

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000057374

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

**Entity Name:** PROFESSIONAL SPECIALTY INSURANCE LLC

**Current Principal Place of Business:**

3860 CURTIS BLVD. SUITE 636  
PORT ST JOHN, FL 32927

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10116  
COCOA, FL 329270116

**New Mailing Address:**

**FEI Number:** 30-0681444

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLAGG, MARTHA  
3860 CURTIS BLVD. SUITE 636  
PORT ST JOHN, FL 32927 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:** MGRM  
**Name:** FLAGG, MARTHA J  
**Address:** P.O. BOX 10116  
**City-St-Zip:** COCOA, FL 32927

**Title:** MGRM  
**Name:** BOLAND, JERRY W  
**Address:** P.O. BOX 10116  
**City-St-Zip:** COCOA, FL 32927

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:** MARTHA J.FLAGG

MGRM

04/09/2012

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