

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000058057

**FILED**  
**Feb 28, 2012**  
**Secretary of State**

**Entity Name:** SAINT TIMOTHY'S INSURANCE AGENCY LLC

**Current Principal Place of Business:**

2613 ALOMA AVE  
WINTER PARK, FL 32792

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 3046  
WINTER PARK, FL 32790

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVENPORT, TIM A  
2613 ALOMA  
WINTER PARK, FL 32792 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: MARGERY, ROSOSWICZ  
Address: P.O BOX 3046  
City-St-Zip: WINTER PARK, FL 32790

Title: MGR  
Name: TIM, DAVENPORT  
Address: P.O BOX 3046  
City-St-Zip: WINTER PARK, FL 32790

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: TIM DAVENPORT

OWNE

02/28/2012

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