

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000059477

**FILED**  
**Mar 26, 2012**  
**Secretary of State**

**Entity Name:** P&R INSURANCE GROUP, LLC

**Current Principal Place of Business:**

7823 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

16944 IVY LAKE DRIVE  
ODESSA, FL 33556

**New Mailing Address:**

**FEI Number:** 45-2128146

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

QUIRINDONGO, PABLO  
7821 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637 US

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

QUIRINDONGO, PABLO  
7823 TEMPLE TERRACE HWY  
TEMPLE TERRACE, FL 33637 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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/26/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: QUIRINDONGO, PABLO  
Address: 16944 IVY LAKE DRIVE  
City-St-Zip: ODESSA, FL 33556

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: PABLO QUIRINDONGO

MGRM

03/26/2012

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