

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000059766

FILED  
Apr 11, 2012  
Secretary of State

**Entity Name:** SOUTHWEST FLORIDA INSURANCE, LLC

**Current Principal Place of Business:**

9110 CAPISTRANO STREET SOUTH  
#8403  
NAPLES, FL 34113 US

**New Principal Place of Business:**

9110 CAPISTRANO STREET SOUTH  
SUITE 8403  
NAPLES, FL 34113 US

**Current Mailing Address:**

9110 CAPISTRANO STREET SOUTH  
#8403  
NAPLES, FL 34113 US

**New Mailing Address:**

9110 CAPISTRANO STREET SOUTH  
SUITE 8403  
NAPLES, FL 34113 US

**FEI Number:** 45-2380465

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

DENNIS, LARRY  
9110 CAPISTRANO STREET SOUTH N  
#8403  
NAPLES, FL 34113 US

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

DENNIS, LARRY  
9110 CAPISTRANO STREET SOUTH  
SUITE 8403  
NAPLES, FL 34113 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:

04/11/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: DENNIS, LARRY R MP  
Address: 9110 CAPISTRANO STREET SOUTH SUITE 8403  
City-St-Zip: NAPLES, FL 34113 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: LARRY R. DENNIS

MP

04/11/2012

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