

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067714

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** TRANSITIONS INSURANCE, LLC.

**Current Principal Place of Business:**

19615 PINE TREE ROAD  
ODESSA, FL 33556

**New Principal Place of Business:**

1530 VILLA CAPRI CIRCLE  
307  
ODESSA, FL 33556

**Current Mailing Address:**

19615 PINE TREE ROAD  
ODESSA, FL 33556

**New Mailing Address:**

1530 VILLA CAPRI CIRCLE  
307  
ODESSA, FL 33556

**FEI Number:** 45-2493690

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PENABADE, PAULA  
19615 PINE TREE ROAD  
ODESSA, FL 33556 US

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

PENABADE, PAULA  
1530 VILLA CAPRI CIRCLE  
307  
ODESSA, FL 33556 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: PAULA PENABADE

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: PENABADE, PAULA  
Address: 1530 VILLA CAPRI CIRCLE #307  
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: PAULA PENABADE

MGR.

04/30/2012

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