

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000073286

Entity Name: ALL RIGHT INSURANCE, LLC

FILED
Jan 05, 2012
Secretary of State

Current Principal Place of Business:

4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 341343997

New Principal Place of Business:

1111 HOMESTEAD RD
#24
LEHIGH ACRES, FL 33936

Current Mailing Address:

4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 341343997

New Mailing Address:

1111 HOMESTEAD RD
#24
LEHIGH ACRES, FL 33936

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIAFONE, SALVATORE A
4751 BONITA BEACH ROAD
BONITA SPRINGS, FL 341343997 US

Name and Address of New Registered Agent:

SCHIAFONE, SALVATORE A
1111 HOMESTEAD RD
#24
LEHIGH ACRES, FL 33936 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: SALVATORE SCHIAFONE

01/05/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: SCHIAFONE, SALVATORE A
Address: 1111 HOMESTEAD RD
City-St-Zip: LEHIGH ACRES, FL 33936

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: SALVATORE SCHIAFONE

MNGR

01/05/2012

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