

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000076924

FILED
Feb 07, 2012
Secretary of State

Entity Name: NEW HORIZON INSURANCE GROUP LLC

Current Principal Place of Business:

10779 LOST PINE CT
JACKSONVILLE, FL 32246 US

New Principal Place of Business:

Current Mailing Address:

10779 LOST PINE CT
JACKSONVILLE, FL 32246 US

New Mailing Address:

PO BOX 19986
JACKSONVILLE, FL 32245 US

FEI Number: 45-2679793 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CASELLA, GREGORY A
10779 LOST PINE CT
JACKSONVILLE, FL 32246 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: MGRM
Name: CASELLA, GREGORY A
Address: 10779 LOST PINE CT
City-St-Zip: JACKSONVILLE, FL 32246 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: GREGORY A CASELLA MGRM 02/07/2012

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