

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000078484

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** SUPREME INSURANCE,LLC

**Current Principal Place of Business:**

6412 N UNIVERSITY DRIVE, SUITE 128  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

6412 N UNIVERSITY DRIVE, SUITE 128  
TAMARAC, FL 33321

**New Mailing Address:**

**FEI Number:** 80-0740274

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

EDWARDS, HORTENCE C  
11422 NW 49TH STREET  
CORAL SPRINGS, FL 33076 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: MGR  
Name: EDWARDS, HORTENCE C  
Address: 11422 NW 49TH DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33076

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: HORTENCE C. EDWARDS

MGR

04/11/2012

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