

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000092809

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** SUNKEY DEALER INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

520 N. ORLANDO AVENUE  
SUITE 250  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

**Current Mailing Address:**

520 N. ORLANDO AVENUE  
SUITE 250  
WINTER PARK, FL 32789 US

**New Mailing Address:**

**FEI Number:** 20-5717257

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVENUE  
SUITE 1000 (JGH)  
ORLANDO, FL 32801 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: SUNKEY DEALER SERVICES, LLC  
Address: 520 N. ORLANDO AVENUE, SUITE 250  
City-St-Zip: WINTER PARK, FL 32789 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: STEPHEN LANG

MM

04/16/2012

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