

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104072

**FILED**  
**Mar 05, 2012**  
**Secretary of State**

**Entity Name:** CORNERSTONE INSURANCE SERVICES LLC

**Current Principal Place of Business:**

4213 BEE RIDGE RD  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

4213 BEE RIDGE RD  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:** 45-3215529

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

POLIVCHAK, MICHAEL  
4213 BEE RIDGE RD  
SARASOTA, FL 34233 US

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

POLIVCHAK, M  
4213 BEE RIDGE RD  
SARASOTA, FL 34233 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: M. POLIVCHAK

03/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POLIVCHAK, M  
Address: 4213 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34233

Title: MGRM  
Name: SELF, S  
Address: 4213 BEE RIDGE RD  
City-St-Zip: SARASOTA, FL 34233

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: SAMUEL SELF

OWNR

03/05/2012

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