

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104355

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** G & M INSURANCE SERVICE LLC

**Current Principal Place of Business:**

8530 SW 103RD ST RD  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

8530 SW 103RD ST RD  
OCALA, FL 34481

**New Mailing Address:**

**FEI Number:** 45-3219989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LORENZO, ANA  
1240 SE HWY 484  
OCALA, FL 34480 US

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

ALICEA, MARIA L  
8530 SW 103RD ST RD  
OCALA, FL 34481 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: MARIA L ALICEA

04/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: FUENTES, GLORIA  
Address: 4330 SW 159TH STREET RD  
City-St-Zip: OCALA, FL 34473

Title: MGR  
Name: MARIA, ALICEA L  
Address: 8021 SW 134TH LOOP  
City-St-Zip: OCALA, FL 34473

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: MARIA L ALICEA

PRIN

04/20/2012

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