

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108432

**Entity Name:** LMT INSURANCE LLC

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

**Current Principal Place of Business:**

204 37TH AVENUE NORTH  
#436  
SAINT PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

204 37TH AVENUE NORTH  
#436  
SAINT PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 90-0761836      FEI Number Applied For (  )      FEI Number Not Applicable (  )      Certificate of Status Desired (  )

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

PELAEZ, EDSEL L  
204 37TH AVENUE NORTH  
#436  
SAINT PETERSBURG, FL 33704 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: PELAEZ, LAMONT  
Address: 204 37TH AVENUE NORTH #436  
City-St-Zip: SAINT PETERSBURG, FL 33704

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: LAMONT PELAEZ

MGR

01/05/2012

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