

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117452

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** BAYSIDE EDUCATORS INSURANCE, LLC

**Current Principal Place of Business:**

400 N ASHLEY DR  
SUITE I-7  
TAMPA, FL 33602

**New Principal Place of Business:**

400 N ASHLEY DR  
SUITE 2600  
TAMPA, FL 33602

**Current Mailing Address:**

210 S HABANA AVE  
UNIT C  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 45-3588966

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BENCHMARK BUSINESS SOLUTIONS, LLC  
27251 SR 54  
B-14  
WESLEY CHAPEL, FL 33544 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: TIJERINO, NERY A  
Address: 210 S HABANA AVE, UNIT C  
City-St-Zip: TAMPA, FL 33609

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: NERY TIJERINO

MGRM

05/01/2012

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