

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000121931

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** AMERICAN INSURANCE POINT, LLC

**Current Principal Place of Business:**

5950 LAKEHURST DRIVE  
ORLANDO, FL 32819 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 691837  
ORLANDO, FL 32869 US

**New Mailing Address:**

5950 LAKEHURST DRIVE  
242  
ORLANDO, FL 32819 US

**FEI Number:** 45-3748399

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MYRRHA, ANA REGINA  
5950 LAKEHURST DRIVE  
ORLANDO, FL 32819 US

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

MYRRHA, ANA REGINA  
5950 LAKEHURST DRIVE  
242  
ORLANDO, FL 32819 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:** ANA REGINA MYRRHA

03/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MYRRHA, ANA REGINA  
**Address:** 5950 LAKEHURST DRIVE STE 242  
**City-St-Zip:** ORLANDO, FL 32819 US

**Title:** MGR  
**Name:** BERTOLUCCI, FLORENCE  
**Address:** 5950 LAKEHURST DR STE242  
**City-St-Zip:** ORLANDO, FL 32819

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:** ANA REGINA MYRRHA

MGRM

03/02/2012

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