

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000132301

FILED  
Feb 21, 2012  
Secretary of State

**Entity Name:** STATEWIDE HEALTH AND LIFE AGENCY LLC

**Current Principal Place of Business:**

1489 WEST PALMETTO PARK RD  
467  
BOCA RATON, FL 33486

**New Principal Place of Business:**

**Current Mailing Address:**

1489 WEST PALMETTO PARK RD  
467  
BOCA RATON, FL 33486

**New Mailing Address:**

**FEI Number:** 45-3847977

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PALLADINO, DIANA  
1489 WEST PALMETTO PARK ROAD  
467  
BOCA RATON, FL 33486 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: PALLADINO, DIANA  
Address: 1490 WEST PALMETTO PK ROAD  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM  
Name: TROWBRIDGE, WARREN K  
Address: 1489 WEST PALMETTO PARK ROAD  
City-St-Zip: BOCA RATON, FL 33486

Title: MGRM  
Name: MCCONNELL, GERARD E  
Address: 1489 WEST PALMETTO PARK ROAD  
City-St-Zip: BOCA RATON, FL 33486

Title: T  
Name: MONDESIR, MERREWILNED  
Address: 1489 W. PALMETTO PARK RD  
City-St-Zip: BOCA RATON, FL 33486

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: MERREWILNED MONDESIR

T

02/21/2012

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