2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2012
Secretary of State

DOCUMENT# L11000135361

Entity Name: JHS CAPITAL INSURANCE SERVICES, LLC

Current Principal Place of Business:

501 EAST KENNEDY BLVD., SUITE 1400
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

501 EAST KENNEDY BLVD., SUITE 1400
TAMPA, FL 33602

New Mailing Address:

FEI Number: 27-2554841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

F & L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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: PRES
Name: ALVAREZ, ROBERT G
Address: 501 EAST KENNEDY BLVD., SUITE 1400
City-St-Zip: TAMPA, FL 33602

Title: CFO
Name: BENDERT, SCOTT J
Address: 501 EAST KENNEDY BLVD., SUITE 1400
City-St-Zip: TAMPA, FL 33602

Title: SEC
Name: COSTNER, STACY
Address: 501 EAST KENNEDY BLVD., SUITE 1400
City-St-Zip: TAMPA, FL 33602

Title: DIR
Name: ALVAREZ, ROBERT G
Address: 501 EAST KENNEDY BLVD., SUITE 1400
City-St-Zip: TAMPA, FL 33602

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 Statues.

SIGNATURE: ROBERT G ALVAREZ PRES 03/06/2012

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