

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005037

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

**Entity Name:** INSURANCE RESOURCES, L.L.C.

**Current Principal Place of Business:**

6620 1ST AVENUE SOUTH  
ST. PETERSBURG, FL 337071306

**New Principal Place of Business:**

**Current Mailing Address:**

6620 1ST AVENUE SOUTH  
ST. PETERSBURG, FL 337071306

**New Mailing Address:**

**FEI Number:** 59-3592208

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MILLS, BERNY CPA  
6678 1ST AVE S  
SAINT PETERSBURG, FL 33707 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:** FORD, ANITA C MGR  
**Address:** 12175 5TH ST. E.  
**City-St-Zip:** TREASURE ISLAND, FL 33706

**Title:** MGRM  
**Name:** POIRRIER, KAREN  
**Address:** 3101 68TH STREET NORTH  
**City-St-Zip:** SAINT PETERSBURG, FL 33710

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:** ANITA C FORD

MGRM

01/04/2012

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