

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003612

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

**Entity Name:** PEARL INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1200 E GLEN AVE  
PEORIA HEIGHTS, IL 616165348 US

**New Principal Place of Business:**

**Current Mailing Address:**

1200 E GLEN AVE  
PEORIA HEIGHTS, IL 616165348 US

**New Mailing Address:**

**FEI Number:** 37-0817309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: MGR  
Name: PEARL, JOHN P  
Address: 1220 E GLEN AVE.  
City-St-Zip: PEORIA HEIGHTS, IL 61616

Title: MGR  
Name: PEARL, GARY P  
Address: 1220 E GLEN AVE.  
City-St-Zip: PEORIA HEIGHTS, IL 61616

Title: MGR  
Name: RETZER, EUGENE  
Address: 2528 HIDDEN LAKE CT  
City-St-Zip: PEORIA, IL 61614

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: GARY P. PEARL

MGR

04/04/2012

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