

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000005042

FILED
Apr 23, 2012
Secretary of State

Entity Name: COLEMONT INSURANCE BROKERS OF FLORIDA LLC

Current Principal Place of Business:

1705 19TH PLACE, SUITE A1
VERO BEACH, FL 32960

New Principal Place of Business:

1705 19TH PLACE, SUITE A1
VERO BEACH, FL 32960 US

Current Mailing Address:

1705 19TH PLACE, SUITE A1
VERO BEACH, FL 32960

New Mailing Address:

1705 19TH PLACE, SUITE A1
VERO BEACH, FL 32960 US

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

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: MICHAEL STEVEN, DECARLO
Address: 4725 PIEDMONT ROW DR, STE 600
City-St-Zip: CHARLOTTE, NC 28210 US

Title: MGR
Name: SCOTT, PURVIANCE M
Address: 4725 PIEDMONT ROW DR, STE 600
City-St-Zip: CHARLOTTE, NC 28210 US

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: KELLY LETTMANN

POA

04/23/2012

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