

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000005541

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** PINNACLE INSURANCE CONSULTANTS, LLC

**Current Principal Place of Business:**

7650 WEST COURTNEY CAMPBELL CAUSEWAY  
SUITE 1200  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

7650 WEST COURTNEY CAMPBELL CAUSEWAY  
SUITE 1200  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 26-3851946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BLANK & MEENAN, PA  
204 SOUTH MONROE STREET  
TALLAHASSEE, FL 32301 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: AMERICAN INTEGRITY INSURANCE GROUP, LLC  
Address: 7650 WEST COURTNEY CAMPBELL CSWY, STE 1200  
City-St-Zip: TAMPA, FL 33607

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: ROBERT C RITCHIE

PRES

03/22/2010

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