

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000004445

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** NORTHEAST INSURANCE CENTER, LLC

**Current Principal Place of Business:**

1018 HANCOCK BRIDGE PARKWAY  
CAPE CORAL, FL 33990

**New Principal Place of Business:**

**Current Mailing Address:**

1018 HANCOCK BRIDGE PARKWAY  
CAPE CORAL, FL 33990

**New Mailing Address:**

**FEI Number:** 06-1452989

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MAYLOTT, RICHARD  
1018 HANCOCK BRIDGE PARKWAY  
CAPE CORAL, FL 33990 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: MAYLOTT, RICHARD A  
Address: 1018 HANCOCK BRIDGE PARKWAY  
City-St-Zip: CAPE CORAL, FL 33990

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: RICHARD MAYLOTT

OWNE

04/19/2011

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