

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000002873

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** SIMPLIFI INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

250 CIVIC CENTER DRIVE  
SUITE 350  
COLUMBUS, OH 43215

**New Principal Place of Business:**

**Current Mailing Address:**

250 CIVIC CENTER DRIVE  
SUITE 350  
COLUMBUS, OH 43215

**New Mailing Address:**

**FEI Number:** 27-4897297

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
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: ROWLAND, WILLIAM L  
Address: 250 CIVIC CENTER DRIVE, SUITE 350  
City-St-Zip: COLUMBUS, OH 43215

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: WILLIAM L ROWLAND

PRES

04/16/2012

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