

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000004782

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** COMMUNITY CHOICE FAMILY INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

7001 POST ROAD, SUITE 200  
DUBLIN, OH 43016

**New Principal Place of Business:**

**Current Mailing Address:**

7001 POST ROAD, SUITE 200  
DUBLIN, OH 43016

**New Mailing Address:**

**FEI Number:** 45-8199757

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: ROMAN, BRIDGETTE C  
Address: 7001 POST ROAD, SUITE 200  
City-St-Zip: DUBLIN, OH 43016

Title: MGR  
Name: DURBIN, MICHAEL J  
Address: 7001 POST ROAD, SUITE 200  
City-St-Zip: DUBLIN, OH 43016

Title: MGR  
Name: JONES, BRANDON  
Address: 7001 POST ROAD, SUITE 200  
City-St-Zip: DUBLIN, OH 43016

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: BRIDGETTE C. ROMAN

MGR

02/10/2012

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