

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000005161

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** LANDCASTLE INSURANCE SERVICES LLC

**Current Principal Place of Business:**

5110 EISENHOWER BLVD, STE. 102  
TAMPA, FL 33634

**New Principal Place of Business:**

**Current Mailing Address:**

5110 EISENHOWER BLVD, STE. 102  
TAMPA, FL 33634

**New Mailing Address:**

**FEI Number:** 26-2480856

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILSON, JOHN D  
5110 EISENHOWER BLVD, STE. 102  
TAMPA, FL 33634 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: LANDCASTLE TITLE  
Address: 7000 CENTRAL PKWY, STE. 300  
City-St-Zip: ATLANTA, GA 30328

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: JENNIFER M FRANK

MGR

02/08/2012

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