

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000039517

**FILED**  
**Apr 04, 2011**  
**Secretary of State**

**Entity Name:** TODD LLEWELLYN INSURANCE, INC.

**Current Principal Place of Business:**

100 36TH AVE., N.  
ST. PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

100 36TH AVE., N.  
ST. PETERSBURG, FL 33704

**New Mailing Address:**

**FEI Number:** 59-3639137

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LLEWELLYN, TODD H  
6155 PARK BLVD.  
PINELLAS PARK, FL 33781 US

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

LLEWELLYN, TODD H  
100 36TH AVENUE N  
ST PETERSBURG, FL 33704 US

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:** TODD LLEWELLYN

04/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** LLEWELLYN, TODD H  
**Address:** 100 36TH AVE., N.  
**City-St-Zip:** ST. PETERSBURG, FL 33704

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** TODD LLEWELLYN

PRES

04/04/2011

Electronic Signature of Signing Officer or Director

Date