2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# L10000116891

Entity Name: SPECHT INSURANCE GROUP OF FLORIDA, LLC

Current Principal Place of Business:

8359 BEACON BOULEVARD
SUITE 220
FORT MYERS, FL 33907 US

New Principal Place of Business:

Current Mailing Address:

8359 BEACON BOULEVARD
SUITE 220
FORT MYERS, FL 33907 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPECHT, TIMOTHY P
8359 BEACON BOULEVARD
SUITE 220
FORT MYERS, FL 33907 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: SPECHT, TIMOTHY P
Address: 8359 BEACON BOULEVARD, SUITE 220
City-St-Zip: FORT MYERS, FL 33907 US

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 Statues.

SIGNATURE: TIMOTHY P. SPECHT PRES 04/25/2011

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