**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 25, 2013**
**Secretary of State**
**CC1686422896**

DOCUMENT# L10000100177

**Entity Name:** FLORIDA INSURANCE ADVISORS, LLC

**Current Principal Place of Business:**

451 CENTRAL PARK DR
LARGO, FL 33771

**Current Mailing Address:**

451 CENTRAL PARK DR
LARGO, FL 33771 US

**FEI Number: 27-3533157**

**Certificate of Status Desired:** No

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

CALLAHAN, MICHAEL
451 CENTRAL PARK DR.
LARGO, FL 33771 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:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | | | |
|---|---|---|---|
| Title | MGR | Title | MGR |
| Name | TILLY, ANDI | Name | CALLAHAN, MICHAEL |
| Address | 451 CENTRAL PARK DR | Address | 451 CENTRAL PARK DR |
| City-State-Zip: | LARGO FL 33771 | City-State-Zip: | LARGO FL 33771 |

*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 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; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: ANDI TILLY MGR 02/25/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date