

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138108

**Entity Name:** COMPERS INSURANCE LLC

**Current Principal Place of Business:**

19020 PHILLIPS ROAD  
BROOKSVILLE, FL 34604

**Current Mailing Address:**

19020 PHILLIPS ROAD  
BROOKSVILLE, FL 34604

**FEI Number:** 45-4001732

**Certificate of Status Desired:** No

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

FERNANDEZ, GUSTAVO M  
19020 PHILLIPS ROAD  
BROOKSVILLE, FL 34604 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  
Name FERNANDEZ, GUSTAVO M  
Address 19020 PHILLIPS ROAD  
City-State-Zip: BROOKSVILLE FL 34604

*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:** GUSTAVO M. FERNANDEZ

MANAGER

01/29/2013

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date