2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# L00000009878

Entity Name: HUCKLEBERRY, SIBLEY & HARVEY INSURANCE OF SOUTH FLORIDA, L.L.C.

Current Principal Place of Business:

1900 GLADES ROAD
SUITE 201
BOCA RATON, FL 33431

New Principal Place of Business:

Current Mailing Address:

1020 NORTH ORLANDO AVENUE
SUITE 200
MAITLAND, FL 32751

New Mailing Address:

FEI Number: 59-3667172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JAMES, TERRY
1830 ALAQUA LAKES BLVD
LONGWOOD, FL 32779 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: MGRM ( ) Delete
Name: SIBLEY, B. CRAIG
Address: 2035 KING ARTHUR CIRCLE
City-St-Zip: MAITLAND, FL 32751

Title: MGRM ( ) Delete
Name: JAMES, TERRY L
Address: 1830 ALAQUA LAKES BLVD
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: BARBARA VACCARO VPOP 04/22/2009

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