

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 31, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # L03000041651**

1. Entity Name  
**MICKEY H. RAWLS INSURANCE, LLC**



**Principal Place of Business**

**1905 S W 13TH ST  
SUITE 1  
GAINESVILLE, FL 32609**

**Mailing Address**

**1905 SW 13 TH ST  
SUITE 1  
GAINESVILLE, FL 32609**



08302006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**20-0460769**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**RAWLS, MICKEY H  
1905 SW 13TH ST  
SUITE 1  
GAINESVILLE, FL 32609**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by September 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR  
RAWLS, MICKEY H  
1905 NW 13TH ST SUITE 1  
GAINESVILLE, FL 32609**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #