

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000041651

**FILED**  
**Apr 09, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1410 NW 13TH  
SUITE 9  
GAINESVILLE, FL 32601

**Current Mailing Address:**

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

**New Mailing Address:**

1410 NW 13TH ST  
SUITE 9  
GAINESVILLE, FL 32601

**FEI Number:** 20-0460769

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

RAWLS, MICKEY H  
1410 NW 13TH ST  
SUITE 9  
GAINESVILLE, FL 32601 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:

04/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAWLS, MICKEY H  
Address: 1410 NW 13TH ST STE 9  
City-St-Zip: GAINESVILLE, FL 32601

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 Statutes.

SIGNATURE: MICKEY H RAWLS

MGR

04/09/2010

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