

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006726

FILED
Jun 16, 2009
Secretary of State

Entity Name: HEADLEY INSURANCE AGENCY, LLC

Current Principal Place of Business:

3544 S. FLORIDA AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

3544 S. FLORIDA AVENUE
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 20-2214257 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

HEADLEY, SCOTT J
3544 S. FLORIDA AVENUE
LAKELAND, FL 33803 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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HEADLEY, SCOTT J
Address: 3544 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: MGRM () Delete
Name: HEADLEY, GARY B
Address: 3544 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: HEADLEY, SHARI J
Address: 3544 SOUTH FLORIDA AVE
City-St-Zip: LAKELAND, FL 33803

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: SCOTT J HEADLEY

MGRM

06/16/2009

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