

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101976

Entity Name: ELLETT INSURANCE, P.L.

FILED
Jan 03, 2008
Secretary of State

Current Principal Place of Business:

905 NW 56TH TERRACE, #A
GAINESVILLE, FL 326056408

New Principal Place of Business:

Current Mailing Address:

905 NW 56TH TERRACE, #A
GAINESVILLE, FL 326056408

New Mailing Address:

FEI Number: 59-2743815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELLETT, EDWARD C
905 NW 56TH TERRACE, #A
GAINESVILLE, FL 326056408 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: MGR () Delete
Name: EDWARD C. ELLETT, C., L.U., C.P.C.U., C.I.C.
Address: 905 NW 56TH TERRACE, #A
City-St-Zip: GAINESVILLE, FL 326056408

ADDITIONS/CHANGES:

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: EDWARD C. ELLETT

MANA

01/03/2008

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