

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000042863

FILED
Jul 09, 2007
Secretary of State

Entity Name: FBOI AGENCY SERVICES, LLC

Current Principal Place of Business:

2991 S.W. HIGH MEADOWS AVE.
PALM CITY, FL 34491

New Principal Place of Business:

Current Mailing Address:

2991 S.W. HIGH MEADOWS AVE.
PALM CITY, FL 34491

New Mailing Address:

300 S ORANGE AVE
SUITE 1000
ORLANDO, FL 32801

FEI Number: 20-5172318 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

CORPORATION COMPANY OF ORLANDO
300 SOUTH ORANGE AVE., SUITE 1000 (RJ)
ORLANDO, FL 328015403 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: () Delete
Name:
Address:
City-St-Zip:

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

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: APPLETON, EDWARD C MR
Address: 205 EAST NORTH PARK STREET
City-St-Zip: OKEECHOBEE, FL 34974 US

Title: MGR () Change (X) Addition
Name: WOLEK, THOM A MR
Address: 2991 SW HIGH MEADOWS AVE
City-St-Zip: PALM CITY, FL 34991 US

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: THOM A. WOLEK

MGR

07/09/2007

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