

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058763

Entity Name: A+ INSURANCE, LLC

FILED
Mar 14, 2007
Secretary of State

Current Principal Place of Business:

2932 THORNCREST DRIVE
ORANGE PARK, FL 32065 US

New Principal Place of Business:

Current Mailing Address:

2932 THORNCREST DRIVE
ORANGE PARK, FL 32065 US

New Mailing Address:

FEI Number: 20-5007749

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAWLER, MARY L
2932 THORNCREST DRIVE
ORANGE PARK, FL 32065 US

Name and Address of New Registered Agent:

LAWLER, ROBERT W
2932 THORNCREST DRIVE
ORANGE PARK, FL 32065 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: ROBERT W LAWLER

03/14/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAWLER, ROBERT W
Address: 2932 THORNCREST DRIVE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: MGRM (X) Delete
Name: LAWLER, MARY L
Address: 2932 THORNCREST DRIVE
City-St-Zip: ORANGE PARK, FL 32065 US

Title: MGRM () Delete
Name: HUCKERT, BRENT K
Address: 3035 WHISPERING WILLOW WAY
City-St-Zip: ORANGE PARK, FL 32065 US

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: ROBERT W LAWLER

MGRM

03/14/2007

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