

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000017026

FILED
Jan 15, 2009
Secretary of State

Entity Name: ANCLOTE INSURANCE AGENCY LLC

Current Principal Place of Business:

719 HIDDEN LAKE DRIVE
TARPON SPRINGS, FL 34689

New Principal Place of Business:

19 N PINELLAS AVENUE
TARPON SPRINGS, FL 34689

Current Mailing Address:

719 HIDDEN LAKE DRIVE
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: 65-0998482 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOUSKOUTIS, GEORGE M
719 HIDDEN LAKE DRIVE
TARPON SPRINGS, FL 34689 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: VP () Delete
Name: KOUSKOUTIS, MARIA
Address: 719 HIDDEN LAKE DR
City-St-Zip: TARPON SPRINGS, FL 34689 US

ADDITIONS/CHANGES:

Title: OWN (X) Change () Addition
Name: KOUSKOUTIS, GEORGE M
Address: 719 HIDDEN LAKE DRIVE
City-St-Zip: TARPON SPRINGS, FL 34689 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: GEORGE M KOUSKOUTIS

OWN

01/15/2009

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