2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L07000117692

Entity Name: DAN WORON INSURANCE AGENCY, LLC

Current Principal Place of Business:

905 E. PRIMA VISTA BLVD.
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

905 E. PRIMA VISTA BLVD.
SUITE A
PORT ST. LUCIE, FL 34952

Current Mailing Address:

2362 NW BAY COLONY COURT
STUART, FL 34994

New Mailing Address:

905 E. PRIMA VISTA BLVD.
SUITE A
PORT ST. LUCIE, FL 34952

FEI Number: 26-1399583 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WORON, DANIEL A
2362 NW BAY COLONY COURT
STUART, FL 34994 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: WORON, DANIEL A
Address: 2362 NW BAY COLONY COURT
City-St-Zip: STUART, FL 34994

Title: MGR ( ) Delete
Name: PLANK WORON, NANCY
Address: 2362 NW BAY COLONY COURT
City-St-Zip: STUART, FL 34994

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: WORON, NANCY P
Address: 2362 NW BAY COLONY COURT
City-St-Zip: STUART, FL 34994

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: NANCY P. WORON MGR 01/08/2009

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