

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000128104

FILED  
May 03, 2010  
Secretary of State

**Entity Name:** T.J.V. INSURANCE GROUP OF CENTRAL FLORIDA, L.L.C.

**Current Principal Place of Business:**

8305 SPRUCE LANE  
LAKELAND, FL 33809 US

**New Principal Place of Business:**

**Current Mailing Address:**

8305 SPRUCE LANE  
LAKELAND, FL 33809 US

**New Mailing Address:**

**FEI Number:** 26-1761697      **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:**

VELEZ, JUSTINE C  
8305 SPRUCE LANE  
LAKELAND, FL 33809 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  
Name: VELEZ, JUSTINE C  
Address: 8305 SPRUCE LANE  
City-St-Zip: LAKELAND, FL 33809 US

Title: MGR  
Name: VELEZ, THOMAS E  
Address: 8305 SPRUCE LANE  
City-St-Zip: LAKELAND, FL 33809 US

I hereby 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: JUSTINE VELEZ

MGR

05/03/2010

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