

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000004369

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** WALKER INSURANCE AND FINANCIAL SERVICES, LLC

**Current Principal Place of Business:**

6107 MEMORIAL HIGHWAY  
SUITE G  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

6107 MEMORIAL HIGHWAY  
SUITE G  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 59-3640654      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALKER, RICHARD A  
6107 MEMORIAL HIGHWAY  
SUITE G  
TAMPA, FL 33615 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:** WALKER, RICHARD A  
**Address:** 6107 MEMORIAL HIGHWAY, SUITE G  
**City-St-Zip:** TAMPA, FL 33615

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: RICHARD A. WALKER      MGR      01/05/2010

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