

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000007613

FILED
Jan 05, 2005
Secretary of State

Entity Name: MEYERS INSURANCE ASSOCIATES, LLC

Current Principal Place of Business:

1060 WEST STATE ROAD 434
LONGWOOD, FL 32750

New Principal Place of Business:

1060 WEST STATE ROAD 434
SITE #168
LONGWOOD, FL 32750

Current Mailing Address:

1060 WEST STATE ROAD 434
LONGWOOD, FL 32750

New Mailing Address:

1060 WEST STATE ROAD 434
SUITE #168
LONGWOOD, FL 32750

FEI Number: 59-3654312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DESCALZO-MEYERS, LISSA J
1060 WEST STATE ROAD 434
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

DESCALZO-MEYERS, LISSA J
1060 WEST STATE ROAD 434
SUITE #168
LONGWOOD, FL 32750 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: LISSA J DESCALZO-MEYERS

01/05/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: DESCALZO-MEYERS, LISSA J
Address: 1060 WEST STATE ROAD 434 #168
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

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 Section 119.07(3)(i), 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: LISSA J DESCALZO-MEYERS

MGR

01/05/2005

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