

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010317

**FILED**  
**Apr 28, 2010**  
**Secretary of State**

**Entity Name:** TODD INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

1506 HALLAM CT. N.  
LAKELAND, FL 33813

**New Principal Place of Business:**

1506 HALLAM CT. N.  
LAKELAND, FL 33813 US

**Current Mailing Address:**

1506 HALLAM CT. N.  
LAKELAND, FL 33813

**New Mailing Address:**

1506 HALLAM CT. N.  
LAKELAND, FL 33813 US

**FEI Number:** 59-3667933

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

TODD, ROLAND S JR.  
1506 HALLAM CT. N.  
LAKELAND, FL 33813 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: P  
Name: TODD, ROLAND S JR  
Address: 1506 HALLAM CT N  
City-St-Zip: LAKELAND, FL 33813 US

Title: VST  
Name: TODD, EVELYN C  
Address: 1506 HALLAM CT N  
City-St-Zip: LAKELAND, FL 33813 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:** EVELYN C. TODD

VST

04/28/2010

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