

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015600

FILED
Apr 10, 2008
Secretary of State

Entity Name: CORKHILL INSURANCE AGENCY, LLC

Current Principal Place of Business:

20 SOUTH BUMBY AVENUE
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 538891
ORLANDO, FL 32853

New Mailing Address:

FEI Number: 59-3685165

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORKHILL, SCOTT
20 SOUTH BUMBY AVENUE
ORLANDO, FL 32803 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 () Delete
Name: CORKHILL, SCOTT
Address: 700 WINTHROP PLACE
City-St-Zip: ORLANDO, FL 32803

Title: V () Delete
Name: WILSON, CAROL C
Address: 2338 CERBERUS DRIVE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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

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

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: CAROL C WILSON

V

04/10/2008

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