

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015600

FILED  
Mar 24, 2009  
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

03/24/2009

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