

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000015877

FILED
Jan 09, 2004
Secretary of State

Entity Name: HERNDON & ASSOCIATES INSURANCE, LLC

Current Principal Place of Business:

91 LAKE MORTON DRIVE
LAKELAND, FL 33801

New Principal Place of Business:

Current Mailing Address:

BOX 3608
LAKELAND, FL 33802 US

New Mailing Address:

FEI Number: 59-1994337 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PUGH, DUANE F
91 LAKE MORTON DR
LAKELAND, FL 33801 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/MEMBERS:

Title: MGR () Delete
Name: WILDER, MARC H MEMBER
Address: 91 LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR () Delete
Name: BODOLAY, ROBERT J MEMBER
Address: 91 LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR () Delete
Name: POWELL, ALFRED G MEMBER
Address: 91 LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR () Delete
Name: PUGH, DUANE F
Address: 91 LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33801 US

Title: MGRM () Delete
Name: BUSH, CATHERINE E
Address: 91 LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR () Delete
Name: BUSH, JOHN R MEMBER
Address: 91 LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33801 US

ADDITIONS/CHANGES:

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

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

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

Title: MGRM (X) Change () Addition
Name: PUGH, DUANE F MEMBER
Address: 91 LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR (X) Change () Addition
Name: BUSH, CATHERINE E MEMBER
Address: 91 LAKE MORTON DR
City-St-Zip: LAKELAND, FL 33801 US

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: DUANE F PUGH

MGRM

01/09/2004

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