2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# L00000015877

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 MGRM
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/MANAGERS:

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:	MGRM	( ) Delete
Name:	PUGH, DUANE F MEMBER	
Address:	91 LAKE MORTON DR	
City-St-Zip:	LAKELAND, FL 33801 US	
Title:	MGR	( ) Delete
Name:	BUSH, CATHERINE E MEMBER	
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:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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: DUANE F PUGH MGRM 03/06/2009

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