2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# L01000003820

Entity Name: LES WINSTON INSURANCE AGENCY LLC

Current Principal Place of Business:

11975 WEST DIXIE HWY.
NORTH MIAMI, FL 33161

New Principal Place of Business:

Current Mailing Address:

11975 WEST DIXIE HWY.
NORTH MIAMI, FL 33161

New Mailing Address:

FEI Number: 65-1103114 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINSTON, LESLEY
11975 W. DIXIE HIGHWAY
NORTH MIAMI, FL 33161 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: MGRM ( ) Delete
Name: WINSTON, LESLEY
Address: 11975 W. DIXIE HIGHWAY
City-St-Zip: NORTH MIAMI, FL 33161

ADDITIONS/CHANGES:

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: LESLEY WINSTON MGRM 01/19/2009

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