

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000226

**FILED**  
**Apr 11, 2005**  
**Secretary of State**

**Entity Name:** DRAWDY INSURANCE SERVICES L.L.C.

**Current Principal Place of Business:**

738 SW MAIN BLVD.  
LAKE CITY, FL 32025

**New Principal Place of Business:**

**Current Mailing Address:**

738 SW MAIN BLVD.  
LAKE CITY, FL 32025

**New Mailing Address:**

**FEI Number:** 59-3655970

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DRAWDY, J. BRUCE  
540 SW SAN JUAN PL  
LAKE CITY, FL 32025 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: DRAWDY, J. BRUCE  
Address: 540 SW SAN JUAN PL  
City-St-Zip: LAKE CITY, FL 32025

**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 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: J. BRUCE DRAWDY

PRES

04/11/2005

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