

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000000267

**FILED**  
**Mar 22, 2006**  
**Secretary of State**

**Entity Name:** ANGELA HEARL INSURANCE, LLC

**Current Principal Place of Business:**

2814 REMINGTON GREEN CIRCLE NE  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 13619  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

**FEI Number:** 26-0051855      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

INGRAM, SPENCER A  
118 SALEM CT.  
TALLAHASSEE, FL 32301 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: HEARL, ANGELA K MGR  
Address: 2814 REMINGTON GREEN CIRCLE NE  
City-St-Zip: TALLAHASSEE, FL 32308 US

**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 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: ANGELA HEARL

OWNE

03/22/2006

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