



FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000004027			
1. Entity Name LIFSEY INSURANCE, LLC		Apr 17, 2006 08:00 A Secretary of State	
Principal Place of Business 2430 ESTANCIA BLVD STE 100A CLEARWATER, FL 33761 US		Mailing Address P.O. BOX 16433 CLEARWATER, FL 33768-6433 US	
DO NOT WRITE IN THIS SPACE			
		04112006No Chg-LLC CR2E083 (11/05)	
		4. FEI Number 20-1443842	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		DO NOT WRITE IN THIS SPACE	
ANDREW SERVICE CORPORATION OF FLORIDA 201 N. FRANKLIN STREET SUITE 2100 TAMPA, FL 33602			
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2006			
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JULIAN H LIFSEY TRUST DTD SEPTEMBER 2430 ESTANCIA BLVD STE 100A CLEARWATER, FL 33761		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Jo Anne Brindley-Shannon</u> Co-Trustee		4/13/06 727-791-9197	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	