

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000004027

Entity Name: LIFSEY INSURANCE, LLC

FILED
Mar 30, 2009
Secretary of State

Current Principal Place of Business:

2430 ESTANCIA BLVD
STE 100A
CLEARWATER, FL 33761 US

Current Mailing Address:

P.O. BOX 16433
CLEARWATER, FL 337686433 US

New Principal Place of Business:

2631 MCCORMICK DRIVE
STE 102
CLEARWATER, FL 33759 US

New Mailing Address:

P.O. BOX 16433
CLEARWATER, FL 33766 US

FEI Number: 20-1443842

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUST, BANK REGIONS
13535 FEATHERSOUND DR.
SUITE 220
CLEARWATER, FL 33762 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: JULIAN H LIFSEY TRUST DTD SEPTEMBER
Address: 2631 MCCORMICK DR., SUITE 102
City-St-Zip: CLEARWATER, FL 33759

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: JULIAN H LIFSEY TRUST DTD SEPTEMBER
Address: 2631 MCCORMICK DRIVE
City-St-Zip: CLEARWATER, FL 33759

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: JO ANNE BIONDI-SHANNON

MS

03/30/2009

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