

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000005907

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: NATIONAL ONE INSURANCE, LLC

**Current Principal Place of Business:**

369 NORTH NEW YORK AVENUE  
WINTER PARK, FL 32789

**New Principal Place of Business:**

**Current Mailing Address:**

2315 CURRY FORD ROAD  
ORLANDO, FL 32806

**New Mailing Address:**

FEI Number: 42-1604739

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HALL, CHARLES W  
369 NORTH NEW YORK AVENUE  
WINTER PARK, FL 32789 US

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

COTTON, THOMAS M  
2315 CURRY FORD ROAD  
ORLANDO, FL 32806 US

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: THOMAS M COTTON

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HALL, CHARLES W  
Address: 369 NORTH NEW YORK AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: MGRM ( ) Delete  
Name: COTTON, THOMAS M  
Address: 2315 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32806

Title: MGR ( ) Delete  
Name: WILKOSZ, DAVID L  
Address: 2315 CURRY FORD ROAD  
City-St-Zip: ORLANDO, FL 32806

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: MCKILLOP, DEBORAH  
Address: 369 NORTH NEW YORK AVENUE  
City-St-Zip: WINTER PARK, FL 32789

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: DAVID L WILKOSZ

MGR

04/14/2009

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