

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000008675

**Entity Name:** LEHMAN INSURANCE, LLC

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6672 CORTEZ RD W  
BRADENTON, FL 34210

**New Principal Place of Business:**

6682 CORTEZ RD W  
BRADENTON, FL 34210

**Current Mailing Address:**

1409 91ST CT NW  
BRADENTON, FL 34209 US

**New Mailing Address:**

**FEI Number:** 51-0480061      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

LEHMAN, JOHN D JR  
1409 91ST COURT NORTHWEST  
BRADENTON, FL 34209 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  
**Name:** LEHMAN, JOHN D JR.  
**Address:** 1409 91ST COURT NORTHWEST  
**City-St-Zip:** BRADENTON, FL 34209 US

I hereby 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: JOHN LEHMAN      MGR      04/21/2010

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