2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 18, 2005
Secretary of State

DOCUMENT# L03000024070

Entity Name: MEIER INSURANCE AGENCY, LLC

Current Principal Place of Business:

100 RIALTO PLACE
SUITE 725
MELBOURNE, FL 32901

New Principal Place of Business:

Current Mailing Address:

100 RIALTO PLACE
SUITE 725
MELBOURNE, FL 32901

New Mailing Address:

FEI Number: 57-1175040 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MEIER, ANNA-LISA
6163 KARI DRIVE
MELBOURNE, FL 32940 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:	MEIER, ANNA-LISA	
Address:	6163 KARI DRIVE	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	MGR	( ) Delete
Name:	IRVINE, ANN	
Address:	4213 CHELAN DR.	
City-St-Zip:	MELBOURNE, FL 32934	
Title:	MGR	( ) Delete
Name:	ODOM, MARY W	
Address:	4213 CHELAN DR.	
City-St-Zip:	MELBOURNE, FL 32934	
Title:	MGR	( ) Delete
Name:	MEIER, ANNA-LISA	
Address:	6163 KARI DRIVE	
City-St-Zip:	MELBOURNE, FL 32940	
Title:	MGR	( ) Delete
Name:	MEIER, DAVID KARL	
Address:	6163 KARI DRIVE	
City-St-Zip:	MELBOURNE, FL 32940	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 for the exemption stated in Section 119.07(3)(i), 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: ANNA-LISA MEIER MGR 07/18/2005

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