

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024070

FILED
Jan 04, 2008
Secretary of State

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 ()

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: MGRM () Delete
Name: MEIER, ANNA-LISA
Address: 6163 KARI DRIVE
City-St-Zip: MELBOURNE, FL 32940

Title: MGR (X) 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 (X) 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 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: ANNA-LISA MEIER

MGRM

01/04/2008

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