

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029891

FILED
Apr 16, 2009
Secretary of State

Entity Name: SJ INSURANCE AND FINANCIAL SERVICES, LLC

Current Principal Place of Business:

400 W. NEW ENGLAND AVE.
SUITE 1
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

400 W. NEW ENGLAND AVE.
SUITE 1
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 54-2122258

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JACKSON, STEPHEN W
400 W. NEW ENGLAND AVE.
SUITE 1
WINTER PARK, FL 32789 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: JACKSON, STEPHEN W
Address: 3085 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766

Title: MGRM () Delete
Name: JACKSON, STEPHANIE E
Address: 3085 HEIRLOOM ROSE PLACE
City-St-Zip: OVIEDO, FL 32766

ADDITIONS/CHANGES:

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: STEPHEN W. JACKSON

MEM

04/16/2009

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