

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
May 03, 2005  
Secretary of State**

DOCUMENT# L03000041651

Entity Name: MICKEY H. RAWLS INSURANCE, LLC

**Current Principal Place of Business:**

1905 S W 13TH ST  
SUITE 1  
GAINESVILLE, FL 32609

**New Principal Place of Business:**

**Current Mailing Address:**

1905 SW 13 TH ST  
SUITE 1  
GAINESVILLE, FL 32609

**New Mailing Address:**

FEI Number: 20-0460769      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:**

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

RAWLS, MICKEY H  
1905 SW 13TH ST  
SUITE 1  
GAINESVILLE, FL 32609 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: RAWLS, MICKEY H  
Address: 1905 NW 13TH ST SUITE 1  
City-St-Zip: GAINESVILLE, FL 32609

**ADDITIONS/CHANGES:**

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: MICKEY H RAWLS

MGR

05/03/2005

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