

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L04000009664

**FILED**  
**Jul 22, 2010**  
**Secretary of State**

**Entity Name:** HUCKLEBERRY, SIBLEY & HARVEY INSURANCE AND BONDS OF BREVARD, LLC

**Current Principal Place of Business:**

1020 NORTH ORLANDO AVENUE  
SUITE 200  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

1020 NORTH ORLANDO AVENUE  
SUITE 200  
MAITLAND, FL 32751

**New Mailing Address:**

**FEI Number:** 20-1382694

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NEUKAMM, MICHAEL E  
301 E. PINE STREET, SUITE 1400  
ORLANDO, FL 32801 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: S&T  
Name: SIBLEY, B CRIAG  
Address: 1020 N ORLANDO AVE STE 200  
City-St-Zip: MAITLAND, FL 32751

Title: PRES  
Name: JAMES, TERRY L  
Address: 1020 N ORLANDO AVE STE 200  
City-St-Zip: MAITLAND, FL 32751

Title: VP  
Name: WRIGHT, LENITA W  
Address: 1020 N ORLANDO AVE STE 200  
City-St-Zip: MAITLAND, FL 32751

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: BARBARA VACCARO

VPO

07/22/2010

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