# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 07, 2011**
**Secretary of State**

DOCUMENT# L04000009664

**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 (X)**

**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 Statues.

SIGNATURE: BARBARA VACCARO VPO 01/07/2011

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