

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000020022

**FILED**  
**Apr 15, 2010**  
**Secretary of State**

**Entity Name:** COMMONWEALTH INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

140 WHITAKER ROAD  
SUITE A  
LUTZ, FL 33549 US

**New Principal Place of Business:**

144 WHITAKER ROAD  
SUITE B  
LUTZ, FL 33549 US

**Current Mailing Address:**

5017 TORREY HILLS LANE  
LUTZ, FL 33558 US

**New Mailing Address:**

144 WHITAKER ROAD  
SUITE B  
LUTZ, FL 33549 US

**FEI Number:** 43-2046105

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SANDHOFF, TODD W  
5017 TORREY HILLS LANE  
LUTZ, FL 33558 US

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

TWS GROUP, INC.  
5017 TORREY HILLS LANE  
LUTZ, FL 33558 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: TODD W SANDHOFF

04/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TWS GROUP, INC.  
Address: 5017 TORREY HILLS LANE  
City-St-Zip: LUTZ, FL 33558 US

Title: MGRM  
Name: KPH GROUP, INC.  
Address: 7414 CHELTNAM CT  
City-St-Zip: NEW PORT RICHEY, FL 34655 US

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: TODD W SANDHOFF

MGRM

04/15/2010

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