


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT.**

FILED
Apr 23, 2008 8:00 am
Secretary of State

03-27-2008 90088 004 ***138.75

DOCUMENT # L04000032102 1. Entity Name AMAC INSURANCE AGENCY LLC	
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Principal Place of Business 8965 SE BRIDGE ROAD HOBE SOUND, FL 33455 US	Mailing Address 8965 SE BRIDGE ROAD HOBE SOUND, FL 33455 US
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03102008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1103850	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent MCDONALD, JANET C 6940 SE CONGRESS ST HOBE SOUND, FL 33455

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCDONALD, JANET C 8965 SE BRIDGE ROAD HOBE SOUND, FL 33455
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM MCINTOSH, CAROLYN 8965 SE BRIDGE ROAD HOBE SOUND, FL 33455
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**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Carolyn McIntosh 4-21-08 772-675-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #