2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2011
Secretary of State

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Entity Name: THOMAS INSURANCE LLC

Current Principal Place of Business:

1010 W GARDEN STREET
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

1010 W GARDEN STREET
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 26-0652739 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, JOHN M
289 PLANTATION HILL RD
GULF BREEZE, FL 32561 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: MGRM
Name: THOMAS, SHANA S
Address: 289 PLANTATION HILL RD
City-St-Zip: GULF BREEZE, FL 32561

Title: MGRM
Name: THOMAS, JOHN M
Address: 289 PLANTATION HILL RD
City-St-Zip: GULF BREEZE, FL 32561

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: JOHN THOMAS MGRM 02/03/2011

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