

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000054682

FILED
Mar 25, 2009
Secretary of State

Entity Name: MEMBERS INSURANCE CENTER, LLC

Current Principal Place of Business:

6801 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11709
TAMPA, FL 33680

New Mailing Address:

FEI Number: 20-1399753

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARRON, DON
6801 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

TYLER, MONA
6801 E. HILLSBOROUGH AVENUE
TAMPA, FL 33610 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: MONA TYLER

03/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FLYNN, PETER
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: MGR () Delete
Name: CHARRON, DON
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: MGR () Delete
Name: DARLING, LINDA
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: MGR () Delete
Name: DORETY, TOM
Address: 6801 E HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33610

Title: MGR (X) Delete
Name: MARSH, PATRICIA
Address: 6801 E HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33680

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: DARLING, LINDA
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: MGR (X) Change () Addition
Name: DORETY, TOM
Address: 6801 E. HILLSBOROUGH AVENUE
City-St-Zip: TAMPA, FL 33610

Title: MGR (X) Change () Addition
Name: MARSH, PATRICIA
Address: 6801 E HILLSBOROUGH AVE
City-St-Zip: TAMPA, FL 33610

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MONA TYLER

RA

03/25/2009

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