2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000064479

1. Entity Name
CURRIN & FARRELL INSURANCE SERVICES, L.L.C.

Principal Place of Business	Mailing Address
3298 SUMMIT BOULEVARD PENSACOLA, FL 32503	3298 SUMMIT BOULEVARD PENSACOLA, FL 32503

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02132006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
59-3748309

☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CURRIN, MADISON
3298 SUMMIT BLVD., SUITE 27
PENSACOLA, FL 32503

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	MADISON, CURTIS B
STREET ADDRESS	3298 SUMMIT BLVD.
CITY-ST-ZIP	PENSACOLA, FL 32503
TITLE	VP
NAME	FARRELL, MICHAEL B
STREET ADDRESS	6108 VILLAGE OAKS DRIVE
CITY-ST-ZIP	PENSACOLA, FL 32504
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
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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: _____ Michael B. Farrell VP 2/24/06 850-479-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #