

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000064479

**FILED**  
**Mar 20, 2009**  
**Secretary of State**

**Entity Name:** CURRIN & FARRELL INSURANCE SERVICES, L.L.C.

**Current Principal Place of Business:**

3298 SUMMIT BOULEVARD  
PENSACOLA, FL 32503

**New Principal Place of Business:**

3298 SUMMIT BOULEVARD  
27  
PENSACOLA, FL 32503

**Current Mailing Address:**

3298 SUMMIT BOULEVARD  
PENSACOLA, FL 32503

**New Mailing Address:**

3298 SUMMIT BOULEVARD  
27  
PENSACOLA, FL 32503

**FEI Number:** 59-3748309

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CURRIN, MADISON  
3298 SUMMIT BLVD., SUITE 27  
PENSACOLA, FL 32503 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: P ( ) Delete  
Name: CURRIN, MADISON  
Address: 3298 SUMMIT BLVD.  
City-St-Zip: PENSACOLA, FL 32503

Title: VP ( ) Delete  
Name: FARRELL, MICHAEL B  
Address: 6108 VILLAGE OAKS DRIVE  
City-St-Zip: PENSACOLA, FL 32504

**ADDITIONS/CHANGES:**

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

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:** MADISON CURRIN

PRES

03/20/2009

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