2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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FILED
May 12, 2005 8:00 am
Secretary of State

04-18-2005 90078 004 ****50.00

DOCUMENT # L04000065987

1. Entity Name

LOCK INSURANCE, LLC

Principal Place of Business	Mailing Address
202 LAKE MIRIAM DRIVE, SUITE E-15 LAKELAND FL 33813	202 LAKE MIRIAM DRIVE, SUITE E-15 LAKELAND FL 33813

1st MOORE CR2E083 (10/04)

2. Principal Place of Business		3. Mailing Address	
202 LAKE MIRIAM DR		202 LAKE MIRIAM DR	
Suite, Apt. #, etc. E-3		Suite, Apt. #, etc. E-3	
City & State LAKELAND FL		City & State LAKELAND FL	
Zip 33913	Country USA	Zip 33813	Country USA

4. FEI Number 51-0522283 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WENDEL, JOHN F
WENDEL & CHRITTON, CHARTERED
225 EAST LEMON STREET, SUITE 351
LAKELAND FL 33801

7. Name and Address of New Registered Agent

Name DON

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	☒ Delete	TITLE	MGRM	☒ Change ☐ Addition
NAME	TUBBS, ARTHUR N II		NAME	DONALD W Westerfeld	
STREET ADDRESS	202 LAKE MIRIAM DRIVE, SUITE E-15		STREET ADDRESS	202 LAKE MIRIAM DR E-3	
CITY-ST-ZIP	LAKELAND FL 33813		CITY-ST-ZIP	LAKELAND FL 33913	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Don Westerfeld 4-12-05 863-709-8101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #