

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 07, 2006 8:00 am
Secretary of State

02-07-2006 90075 004 ****50.00

DOCUMENT # L04000068756

1. Entity Name

AFFORDABLE INSURANCE OF QUINCY, LLC



Principal Place of Business

Mailing Address

~~605 EAST JEFFERSON STREET~~
QUINCY FL 32351

~~605 EAST JEFFERSON STREET~~
QUINCY FL 32351



2. Principal Place of Business

3. Mailing Address

104 E. Washington St.
Suite, Apt. #, etc.
#G

Same
Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/05)

City & State

City & State

4. FEI Number

20-1652916

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MASSEY, MARILY D
605 EAST JEFFERSON STREET
QUINCY FL 32351

New Address

Name

Marilyn Massey

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

104 E. Washington St. #G

City

Quincy

FL

Zip Code

32351

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

Marilyn Massey - Agent

1-27-06

Signature, typed or printed name of registered agent and file 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, 2006

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR
NAME MASSEY, MARILYN D
STREET ADDRESS ~~605 EAST JEFFERSON STREET~~
CITY-ST-ZIP QUINCY FL 32351

TITLE MGR
NAME MARILYN D MASSEY
STREET ADDRESS 104 E. Washington St. #G Quincy, FL 32351
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Marilyn Massey

1-27-06 850-875-3415