

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000069284

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Entity Name:** SHIVER INSURANCE GROUP LLC

**Current Principal Place of Business:**

1324 W. CRAWFORD STREET  
QUINCY, FL 32351

**New Principal Place of Business:**

373 E. JEFFERSON STREET  
QUINCY, FL 32351

**Current Mailing Address:**

1324 W. CRAWFORD STREET  
QUINCY, FL 32351

**New Mailing Address:**

373 E. JEFFERSON STREET  
QUINCY, FL 32351

**FEI Number:** 20-1653362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOHNSON, BARBARA A  
372 DOGWOOD TRAIL  
QUINCY, FL 32352 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:** MGR  
**Name:** JOHNSON, BARBARA A  
**Address:** 372 DOGWOOD TRAIL  
**City-St-Zip:** QUINCY, FL 32352

**Title:** MGRM  
**Name:** SHIVER, JOEY D  
**Address:** 372 DOGWOOD TRAIL  
**City-St-Zip:** QUINCY, FL 32352

**Title:** MGRM  
**Name:** BATTEN, DEWAYNE  
**Address:** 5064 OLD BAINBRIDGE ROAD  
**City-St-Zip:** TALLAHASSEE, FL 32303

I hereby 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:** BARBARA A JOHNSON

MGR

04/19/2011

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