2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 13, 2009
Secretary of State

DOCUMENT# L04000075540

Entity Name: WELCH INSURANCE & FINANCIAL SERVICES, LLC

Current Principal Place of Business:

1 CORPORATE PLAZA, STE 1
PALM COAST, FL 32137

New Principal Place of Business:

4883 PALM COAST PARKWAY
UNIT 5
PALM COAST, FL 32137

Current Mailing Address:

1 CORPORATE PLAZA, STE 1
PALM COAST, FL 32137

New Mailing Address:

4883 PALM COAST PARKWAY
UNIT 5
PALM COAST, FL 32137

FEI Number: 41-2155988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

WELCH, MATTHEW B
1 CORPORATE PLAZA, STE 1
PALM COAST, FL 32137 US

Name and Address of New Registered Agent:

WELCH, MATTHEW B
4883 PALM COAST PARKWAY
UNIT 5
PALM COAST, FL 32137 US

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: _____ 05/13/2009
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: PRES ( ) Delete
Name: WELCH, MATTHEW B
Address: 1 CORPORATE PARKWAY, STE 1
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

Title: PRES (X) Change ( ) Addition
Name: WELCH, MATTHEW B
Address: 4883 PALM COAST PARKWAY UNIT 5
City-St-Zip: PALM COAST, FL 32137

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: MATTHEW B. WELCH PRES 05/13/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date