

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080629

FILED  
Feb 14, 2008  
Secretary of State

**Entity Name:** ASSURANCE FINANCIAL NETWORK, LLC

**Current Principal Place of Business:**

10708 GRAYSON ST  
JACKSONVILLE, FL 32220 US

**New Principal Place of Business:**

**Current Mailing Address:**

10708 GRAYSON ST  
JACKSONVILLE, FL 32220 US

**New Mailing Address:**

1523 CHAFEE RD  
12M  
JACKSONVILLE, FL 32221 US

**FEI Number:** 20-1845039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BOATMAN, TERRENCE L  
10708 GRAYSON STREET  
JACKSONVILLE, FL 32220 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 ( ) Delete  
Name: BOATMAN, TERRENCE L  
Address: 10708 GRAYSON STREET  
City-St-Zip: JACKSONVILLE, FL 32220 US

**ADDITIONS/CHANGES:**

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: TERRENCE L. BOATMAN

MR

02/14/2008

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