

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000092518</b>	
1. Entity Name PHILLIPS AND JORDAN INSURANCE, LLC	
Principal Place of Business 8940 GALL BOULEVARD ZEPHYRHILLS, FL 33541	Mailing Address 6621 WILBANKS ROAD KNOXVILLE, TN 37912



04072008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2326866	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

**6. Name and Address of Current Registered Agent**

TURNER, BEN R  
8940 GALL BOULEVARD  
ZEPHYRHILLS, FL 33541

**DO NOT WRITE  
IN THIS SPACE**

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)

000000936570

05/27/08-80021-001 138.75

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PHILLIPS AND JORDAN, INC. 6621 WILBANKS ROAD KNOXVILLE, TN 37912
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:** Sharon M. Simpson Sharon M Simpson Asst. Corp. Secretary (865) 219-7357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date 4-29-08 Daytime Phone #