

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094379

FILED
Feb 24, 2009
Secretary of State

Entity Name: WILLIAMS INSURANCE AGENCY, LLC

Current Principal Place of Business:

301 GOVERNMENT AVENUE
NICEVILLE, FL 32578

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1316
NICEVILLE, FL 32588

New Mailing Address:

FEI Number: 20-2058006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, LEE Y
301 GOVERNMENT AVENUE
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

WILLIAMS, LEE Y MGMR
301 GOVERNMENT AVENUE
NICEVILLE, FL 32578 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: LEE Y. WILLIAMS

02/24/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WILLIAMS, LEE Y
Address: P.O. BOX 1316
City-St-Zip: NICEVILLE, FL 32588

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WILLIAMS, LEE Y MGMR
Address: P.O. BOX 1316
City-St-Zip: NICEVILLE, FL 32588

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: LEE Y. WILLIAMS

MGMR

02/24/2009

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