

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094379

FILED
Jan 27, 2010
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 MGMR
301 GOVERNMENT AVENUE
NICEVILLE, FL 32578 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: MGMR
Name: WILLIAMS, LEE Y MGMR
Address: P.O. BOX 1316
City-St-Zip: NICEVILLE, FL 32588

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: LEE Y. WILLIAMS

MGMR

01/27/2010

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