# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 21, 2011**
**Secretary of State**

DOCUMENT# L04000094379

**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 Statues.

SIGNATURE: LEE Y. WILLIAMS MGMR 01/21/2011

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