2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L05000050302

Entity Name: POINCIANA INSURANCE AGENCY, LLC

Current Principal Place of Business:

359 CYPRESS PARKWAY
KISSIMMEE, FL 34759

New Principal Place of Business:

Current Mailing Address:

3255 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34746

New Mailing Address:

FEI Number: 13-4299421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GIONFRIDDO, RICHARD J
3255 S. JOHN YOUNG PARKWAY
KISSIMMEE, FL 34746 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: MGRM ( ) Delete
Name: GIONFRIDDO, RICHARD
Address: 3255 S. JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34746

Title: MGR ( ) Delete
Name: GIONFRIDDO, SHIRLEY A MEMBER
Address: 3255 S JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34746

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GIONFRIDDO, RICHARD MGRM
Address: 3255 S. JOHN YOUNG PARKWAY
City-St-Zip: KISSIMMEE, FL 34746

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: RICHARD J GIONFRIDDO MGRM 04/08/2009

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