

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053335

FILED  
May 01, 2006  
Secretary of State

**Entity Name:** MICHAEL CARROLL INSURANCE AGENCY LLC

**Current Principal Place of Business:**

8532 SW HWY 200  
OCALA, FL 34481

**New Principal Place of Business:**

**Current Mailing Address:**

8532 SW HWY 200  
OCALA, FL 34481

**New Mailing Address:**

FEI Number: 32-0150575      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

CARROLL, MICHAEL  
13970 S US HWY 441  
MICANOPY, FL 32667      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM      ( ) Delete  
Name: CARROLL, MICHAEL  
Address: 13970 S US HWY 441  
City-St-Zip: MICANOPY, FL 32667

Title: MGRM      ( ) Delete  
Name: MCKIBBIN, HARVARD D  
Address: 13970 S US HWY 441  
City-St-Zip: MICANOPY, FL 32667

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL CARROLL

M

05/01/2006

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