

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000053335

FILED  
Mar 20, 2012  
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:**

8075 SW HWY 200  
UNIT 112  
OCALA, FL 34481

**Current Mailing Address:**

8532 SW HWY 200  
OCALA, FL 34481

**New Mailing Address:**

8075 SW HWY 200  
UNIT 112  
OCALA, FL 34481

FEI Number: 32-0150575

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CARROLL, MICHAEL  
13970 S US HWY 441  
MICANOPY, FL 32667 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  
Name: CARROLL, MICHAEL  
Address: 13970 S US HWY 441  
City-St-Zip: MICANOPY, FL 32667

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

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: MICHAEL CARROLL

OWNE

03/20/2012

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