

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000082897

FILED
Jun 14, 2007
Secretary of State

Entity Name: SOUTHERN FAMILY INSURANCE SERVICES, LLC

Current Principal Place of Business:

101 W MAIN ST, STE 132
LAKELAND, FL 33815 US

New Principal Place of Business:

Current Mailing Address:

101 W MAIN ST, STE 132
LAKELAND, FL 33815 US

New Mailing Address:

FEI Number: 84-1690406

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, KEVIN M
5883 8 POINT LANE
LAKELAND, FL 33811 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: MGR () Delete
Name: SMITH, KEVIN M
Address: 5883 EIGHT POINT LANE
City-St-Zip: LAKELAND, FL 33811 US

Title: MGR () Delete
Name: PECK, KENNETH L
Address: 2707 SMITHTOWN DRIVE
City-St-Zip: LAKELAND, FL 33801 US

Title: MGR (X) Delete
Name: MC DONALD, WAYNE
Address: P. O. BOX 5193
City-St-Zip: LAKELAND, FL 33807 US

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MC DONALD, WAYNE
Address: P. O. BOX 5193
City-St-Zip: LAKELAND, FL 33807 US

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: KENNETH L PECK

MGR

06/14/2007

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