2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) – DUE BY MAY 1, 2008

FILED
May 13, 2008 8:00 am
Secretary of State
05-13-2008 90066 032 ***138.75

DOCUMENT # L05000082897

1. Entity Name

SOUTHERN FAMILY INSURANCE SERVICES, LLC

Principal Place of Business	Mailing Address
101 W MAIN ST, STE 132 LAKELAND FL 33815 US	101 W MAIN ST, STE 132 LAKELAND FL 33815 US

1st MOORE CR2E083 (10/07)

2. Principal Place of Business - No P.O. Box #
3. Mailing Address

Suite, Apt. #, etc. | Suite, Apt. #, etc.

City & State | City & State

Zip | Country | Zip

4. FEI Number — Applied For / Not Applicable

$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, KEVIN M
5883 ~~8 POINT LANE~~ EIGHT POINT LANE
LAKELAND FL 33811

please fix address to reflect Eight point LN instead of 8 point LN ←

Zip Code

8. The above named entity submits this statement for the purpose of changin[g] ... familiar with, and accept the obligations of registered agent.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable.

please fix name of 3rd listed Manager Thomas Benedetto name should be BENEDETTO instead of BEWEDETTO Thanks

FILE After Ma[y] Make Check P[a]... Fee W... Florida ...

9. MANAGING MEMBERS / MANAGERS

TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SMITH, KEVIN M		NAME		
STREET ADDRESS	5883 EIGHT POINT LANE		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33811		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MC DONALD, WAYNE		NAME		
STREET ADDRESS	P. O. BOX 5193		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33807		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	Thomas E BENEDETTO		NAME		
STREET ADDRESS	4665 SAN PAULO CT		STREET ADDRESS		
CITY-ST-ZIP	LAKELAND, FL 33813		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 4/25/08 863-248-2814
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #