2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# L05000088983

Entity Name: WOODWARD INSURANCE AGENCY, PLC

Current Principal Place of Business:

595 NORTH NOVA RD. SUITE #102
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

77 BRADDOCK LANE
PALM COAST, FL 32137

New Mailing Address:

P O BOX 354841
PALM COAST, FL 32135

FEI Number: 11-3760931 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOODWARD, DOREEN R
77 BRADDOCK LANE
PALM COAST, FL 32137 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: PRES ( ) Delete
Name: WOODWARD, DOREEN R PRES
Address: 77 BRADDOCK LANE
City-St-Zip: PALM COAST, FL 32137

ADDITIONS/CHANGES:

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: DOREEN R. WOODWARD PRES 04/09/2009

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