2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# L05000100779

Entity Name: W.L. HUNTER INSURANCE AGENCY, LLC

Current Principal Place of Business:

365 SE BAYA DRIVE
LAKE CITY, FL 32025

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1827
LAKE CITY, FL 32056

New Mailing Address:

FEI Number: 16-1736858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUNTER, WILBUR L
365 SE BAYA DRIVE
LAKE CITY, FL 32025 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 ( ) Delete
Name: HUNTER, WILBUR L
Address: 365 SE BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

Title: MGRM ( ) Delete
Name: HUNTER, AMANDA F
Address: 365 SE BAYA DRIVE
City-St-Zip: LAKE CITY, FL 32025

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 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: WILBUR L HUNTER MGRM 02/12/2009

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