

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101976

Entity Name: ELLETT INSURANCE, P.L.

FILED
Feb 07, 2012
Secretary of State

Current Principal Place of Business:

905 NW 56TH TERRACE
SUITE A
GAINESVILLE, FL 326056408

New Principal Place of Business:

Current Mailing Address:

905 NW 56TH TERRACE
SUITE A
GAINESVILLE, FL 326056408

New Mailing Address:

FEI Number: 59-2743815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ELLETT, EDWARD C
905 NW 56TH TERRACE
SUITE A
GAINESVILLE, FL 326056408 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: EDWARD C. ELLETT, C.L.U., C.P.C.U., C.I.C.
Address: 905 NW 56TH TERRACE, #A
City-St-Zip: GAINESVILLE, FL 326056408

Title: T
Name: ELLETT, MARCIA E
Address: 905 NW 56TH TERRACE, SUITE A
City-St-Zip: GAINESVILLE, FL 32605

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: EDWARD C. ELLETT

MGRM

02/07/2012

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