

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103704

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Entity Name:** BILL WAGNER INSURANCE SERVICES OF FLORIDA LLC

**Current Principal Place of Business:**

401 1ST STREET SW  
WINTER HAVEN, FL 33880 US

**New Principal Place of Business:**

401 1ST STREET SOUTH  
WINTER HAVEN, FL 33880 US

**Current Mailing Address:**

401 1ST STREET SW  
WINTER HAVEN, FL 33880 US

**New Mailing Address:**

401 1ST STREET SOUTH  
WINTER HAVEN, FL 33880 US

**FEI Number:** 20-3938497

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WAGNER, WILLIAM H  
559 LORING VILLAGE COURT  
ORANGE PARK, FL 32073 US

**Name and Address of New Registered Agent:**

WAGNER, WILLIAM H  
640 BAYWAY BLVD  
205  
CLEARWATER BEACH, FL 33767 US

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: WILLIAM H WAGNER

04/18/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WAGNER, WILLIAM H  
Address: 401 1ST STREET SW  
City-St-Zip: WINTER HAVEN, FL 33880 US

**ADDITIONS/CHANGES:**

Title: MNGR (X) Change ( ) Addition  
Name: WAGNER, WILLIAM H  
Address: 401 1ST STREET SW  
City-St-Zip: WINTER HAVEN, FL 33880 US

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM H WAGNER

MNGR

04/18/2006

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