

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000103704

FILED
Feb 14, 2007
Secretary of State

Entity Name: BILL WAGNER INSURANCE SERVICES OF FLORIDA LLC

Current Principal Place of Business:

401 1ST STREET SOUTH
WINTER HAVEN, FL 33880 US

New Principal Place of Business:

1012 6TH STREET NW
WINTER HAVEN, FL 33881 US

Current Mailing Address:

401 1ST STREET SOUTH
WINTER HAVEN, FL 33880 US

New Mailing Address:

1012 6TH STREET NW
WINTER HAVEN, FL 33881 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
640 BAYWAY BLVD
205
CLEARWATER BEACH, FL 33767 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: MNGR () 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: 1012 6TH STREET NW
City-St-Zip: WINTER HAVEN, FL 33881 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

MR

02/14/2007

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