



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 11, 2008 8:00 am**  
**Secretary of State**

02-11-2008 90133 016 \*\*\*138.75

<b>DOCUMENT # L05000104700</b> 1. Entity Name <b>J.R. &amp; ASSOCIATES INSURANCE AGENCY, LLC</b>																																																																																																																																			
Principal Place of Business <b>3323 NORTH KEY DRIVE #D7 NORTH FORT MYERS, FL 33903</b>				Mailing Address <b>3323 NORTH KEY DRIVE #D7 NORTH FORT MYERS, FL 33903</b>																																																																																																																															
2. Principal Place of Business - No P.O. Box # <b>13240 N. Cleveland Ave</b>		3. Mailing Address <b>13240 N. Cleveland Ave</b>																																																																																																																																	
Suite, Apt. #, etc. <b>#7</b>		Suite, Apt. #, etc. <b>#7</b>		02042008    Chg-LLC    CR2E083 (12/06)																																																																																																																															
City & State <b>North Fort Myers, FL</b>		City & State <b>North Fort Myers, FL</b>		4. FEI Number <b>20-3684820</b>																																																																																																																															
Zip <b>33903</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required																																																																																																																															
6. Name and Address of Current Registered Agent  <b>RODRIGUEZ, JOSE I 3323 NORTH KEY DRIVE #D7 NORTH FORT MYERS, FL 33903</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>13240 N. Cleveland Ave #7</b>  City <b>North Fort Myers</b> <b>FL</b> Zip Code <b>33903</b>																																																																																																																															
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																																			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____																																																																																																																																			
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>				<b>Make check payable to Florida Department of State</b>																																																																																																																															
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">MGRM</td> <td style="width: 30%; text-align: right;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">13240 N. Cleveland Ave #7</td> <td style="width: 30%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, JOSE I</td> <td></td> <td>NAME</td> <td>13240 N. Cleveland Ave #7</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>117 SE 8TH STREET</td> <td></td> <td>STREET ADDRESS</td> <td>13240 N. Cleveland Ave #7</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33990</td> <td></td> <td>CITY-ST-ZIP</td> <td>North Fort Myers, FL 33903</td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM</td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>13240 N. Cleveland Ave #7</td> <td style="text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>RODRIGUEZ, KARINA M</td> <td></td> <td>NAME</td> <td>13240 N. Cleveland Ave #7</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>117 SE 8TH STREET</td> <td></td> <td>STREET ADDRESS</td> <td>13240 N. Cleveland Ave #7</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>CAPE CORAL, FL 33990</td> <td></td> <td>CITY-ST-ZIP</td> <td>North Fort Myers, FL 33903</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;"><input type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	13240 N. Cleveland Ave #7	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RODRIGUEZ, JOSE I		NAME	13240 N. Cleveland Ave #7		STREET ADDRESS	117 SE 8TH STREET		STREET ADDRESS	13240 N. Cleveland Ave #7		CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	North Fort Myers, FL 33903		TITLE	MGRM	<input type="checkbox"/> Delete	TITLE	13240 N. Cleveland Ave #7	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	RODRIGUEZ, KARINA M		NAME	13240 N. Cleveland Ave #7		STREET ADDRESS	117 SE 8TH STREET		STREET ADDRESS	13240 N. Cleveland Ave #7		CITY-ST-ZIP	CAPE CORAL, FL 33990		CITY-ST-ZIP	North Fort Myers, FL 33903		TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY-ST-ZIP			CITY-ST-ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.																																																																																																																																			
<b>SIGNATURE:</b> <i>J. Rodriguez</i> <b>2/7/08</b> <b>239-997-0066</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #</small>																																																																																																																																			