

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000106918

Entity Name: HOUSER INSURANCE LLC

FILED
Mar 11, 2009
Secretary of State

Current Principal Place of Business:

4539 MILE STRETCH DRIVE
HOLIDAY, FL 34690

New Principal Place of Business:

Current Mailing Address:

4539 MILE STRETCH DRIVE
HOLIDAY, FL 34690

New Mailing Address:

FEI Number: 20-3725123

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RICHARDSON, GREGORY W
2121 N.E. COACHMAN RD.
CLEARWATER, FL 33765 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: RICHARDSON, GREGORY W
Address: 1503 PARILLA CIRCLE
City-St-Zip: TRINITY, FL 34655

Title: MGRM () Delete
Name: SANDBERGEN, STEVEN R
Address: 2701 GLENBROOK DRIVE
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: FREEMAN, WILLIAM M
Address: 6204 ROCK ROSS AVENUE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GREG RICHARDSON

MMBR

03/11/2009

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