

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000106918

Entity Name: HOUSER INSURANCE LLC

**FILED**  
**Feb 19, 2010**  
**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  
Name: RICHARDSON, GREGORY W  
Address: 1503 PARILLA CIRCLE  
City-St-Zip: TRINITY, FL 34655

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

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

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: GREGORY W. RICHARDSON

MMBR

02/19/2010

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