2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# L05000112244

Entity Name: SCOTT HARDCASTLE INSURANCE AGENCY, LLC

Current Principal Place of Business:

105 W. SUMMIT ST
WAUCHULA, FL 33873 US

New Principal Place of Business:

Current Mailing Address:

105 W. SUMMIT ST
WAUCHULA, FL 33873 US

New Mailing Address:

FEI Number: 20-3880752 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARDCASTLE, SCOTT
3145 OAKS BEND
BOWLING GREEN, FL 33834 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: PRES ( ) Delete
Name: HARDCASTLE, SCOTT
Address: 3145 OAKS BEN
City-St-Zip: BOWLING GREEN, FL 33834

Title: VP ( ) Delete
Name: HARDCASTLE, SHARON
Address: 3145 OAKS BEN
City-St-Zip: BOWLING GREEN, FL 33834

ADDITIONS/CHANGES:

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: SHARON M. HARDCASTLE VP 07/02/2007

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