

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000113254

FILED
Apr 25, 2008
Secretary of State

Entity Name: A KAHL-WINTER INSURANCE GROUP, L.L.C.

Current Principal Place of Business:

5135 US 19N
NEW PORT RICHEY, FL 34652 US

New Principal Place of Business:

Current Mailing Address:

5135 US 19N
NEW PORT RICHEY, FL 34652 US

New Mailing Address:

FEI Number: 33-1127249

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KAHL-WINTER, RANDOLPH
5135 US HWY 19 N
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

KAHL-WINTER, SHERYL
5135 US HWY 19 N
NEW PORT RICHEY, FL 34652 US

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: SHERYL N KAHL-WINTER

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KAHL-WINTER, RANDOLPH H
Address: 4101 HEADSAIL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

Title: MGR () Delete
Name: KAHL-WINTER, SHERYL N
Address: 4101 HEADSAIL DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34652 US

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: SHERYL N KAHL-WINTER

MGR

04/25/2008

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