

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000123165

FILED
Mar 26, 2009
Secretary of State

Entity Name: KHOI D. NGUYEN INSURANCE AGENCY, LLC

Current Principal Place of Business:

1804 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

1804 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211

New Mailing Address:

FEI Number: 90-0258572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, KHOI D
1804 UNIVERSITY BLVD NORTH
JACKSONVILLE, FL 32211 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: M () Delete
Name: NGUYEN, KHOI D
Address: 1804 UNIVERSITY BLVD N.
City-St-Zip: JACKSONVILLE, FL 32211

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: NGUYEN, KHOI D
Address: 1804 UNIVERSITY BLVD N.
City-St-Zip: JACKSONVILLE, FL 32211

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: KHOI NGUYEN

MGR

03/26/2009

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