2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2009
Secretary of State

DOCUMENT# L06000007700

Entity Name: BEANS INSURANCE AGENCY, LLC

Current Principal Place of Business:

12123 LEM TURNER RD
UNIT 6
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

12123 LEM TURNER RD
UNIT 6
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: 20-4078014 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: MGR ( ) Delete
Name: BEANS, LESTER
Address: 12123 LEM TURNER RD UNIT 6
City-St-Zip: JACKSONVILLE, FL 32218 US

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BEANS, LESTER H
Address: 12123 LEM TURNER RD UNIT 6
City-St-Zip: JACKSONVILLE, FL 32218 US

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: LESTER H. BEANS, JR. MGR 01/08/2009

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