

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000012713

FILED
Feb 16, 2009
Secretary of State

Entity Name: KIMBERLEE LEGO INSURANCE AGENCY, LLC

Current Principal Place of Business:

13820 ST AUGUSTINE RD., SUITE 401
JACKSONVILLE, FL 32258 US

New Principal Place of Business:

13820 OLD ST AUGUSTINE RD., SUITE 401
JACKSONVILLE, FL 32258 US

Current Mailing Address:

13820 ST AUGUSTINE RD., SUITE 401
JACKSONVILLE, FL 32258 US

New Mailing Address:

13820 OLD ST AUGUSTINE RD., SUITE 401
JACKSONVILLE, FL 32258 US

FEI Number: 20-4249697

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGO, DAVID
172 IVY LAKES DRIVE
JACKSONVILLE, FL 32259 US

Name and Address of New Registered Agent:

LEGO, KIMBERLEE
172 IVY LAKES DRIVE
JACKSONVILLE, FL 32259 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: KIMBERLEE LEGO

02/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEGO, KIMBERLEE
Address: 172 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGRM () Delete
Name: LEGO, DAVID
Address: 172 IVY LAKES DRIVE
City-St-Zip: JACKSONVILLE, FL 32259

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: KIMBERLEE LEGO

MGRM

02/16/2009

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