

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000031192

FILED
Jun 15, 2009
Secretary of State

Entity Name: PRESTON INSURANCE AGENCY, LLC

Current Principal Place of Business:

239 W. MAIN STREET
APOPKA, FL 32712

New Principal Place of Business:

598 PARKSIDE POINTE BLVD.
APOPKA, FL 32712

Current Mailing Address:

239 W. MAIN STREET
APOPKA, FL 32712

New Mailing Address:

P.O. BOX 1869
APOPKA, FL 32704

FEI Number: 84-1705749 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

PRESTON, TONY R
598 PARKSIDE POINTE BLVD
APOPKA, FL 32712 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: PRESTON, TONY R
Address: 239 W. MAIN STREET
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: PRESTON, ALETHEA E
Address: 239 W. MAIN STREET
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PRESTON, TONY R
Address: 598 PARKSIDE POINT BLVD.
City-St-Zip: APOPKA, FL 32712

Title: MGR (X) Change () Addition
Name: PRESTON, ALETHEA E
Address: 598 PARKSIDE POINTE BLVD.
City-St-Zip: APOPKA, FL 32712

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: TONY PRESTON

MGR

06/15/2009

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