

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038614

FILED  
Jan 15, 2009  
Secretary of State

**Entity Name:** PETERSON INSURANCE SERVICES LLC

**Current Principal Place of Business:**

14866 SE 25TH AVENUE  
SUMMERFIELD, FL 34491

**New Principal Place of Business:**

**Current Mailing Address:**

14866 SE 25TH AVENUE  
SUMMERFIELD, FL 34491

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

PETERSON, ROBERT L  
14866 SE 25TH AVENUE  
SUMMERFIELD, FL 34491 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: PETERSON, BARBARA J  
Address: 14866 SE 25TH AVENUE  
City-St-Zip: SUMMERFIELD, FL 34491

Title: MGRM ( ) Delete  
Name: PETERSON, ROBERT L  
Address: 14866 SE 25TH AVENUE  
City-St-Zip: SUMMERFIELD, FL 34491

**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: ROBERT L PETERSON

MGRM

01/15/2009

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