

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000038749

FILED
Mar 18, 2009
Secretary of State

Entity Name: THREE RIVERS INSURANCE OF ALACHUA, LLC

Current Principal Place of Business:

16407-B NW
174TH DR.
ALACHUA, FL 32615 US

New Principal Place of Business:

Current Mailing Address:

16407-B NW
174TH DR.
ALACHUA, FL 32615 US

New Mailing Address:

FEI Number: 20-4716577

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SWILLEY, DAVID R
630 NE SANTA FE BLVD.
HIGH SPRINGS, FL 32643 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: MGRM () Delete
Name: SWILLEY, DAVID R
Address: P.O. BOX 367
City-St-Zip: HIGH SPRINGS, FL 32655 US

Title: MGRM () Delete
Name: JENKINS, STEVE
Address: P.O. BOX 367
City-St-Zip: HIGH SPRINGS, FL 32655 US

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: DAVID R. SWILLEY

MGRM

03/18/2009

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