

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000047339

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** TOOMBS INSURANCE GROUP, LLC

**Current Principal Place of Business:**

12086 ANDERSON RD.  
TAMPA, FL 33625

**New Principal Place of Business:**

4543 GUNN HIGHWAY  
TAMPA, FL 33624

**Current Mailing Address:**

12086 ANDERSON RD.  
TAMPA, FL 33625

**New Mailing Address:**

4543 GUNN HIGHWAY  
TAMPA, FL 33624

**FEI Number:** 20-4827560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

TOOMBS, RYAN H  
12086 ANDERSON RD.  
TAMPA, FL 33625 US

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

TOOMBS, RYAN H  
4543 GUNN HIGHWAY.  
TAMPA, FL 33624 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: RYAN H TOOMBS

03/30/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TOOMBS, RYAN H  
Address: 4543 GUNN HIGHWAY  
City-St-Zip: TAMPA, FL 33624

I hereby 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: RYAN H TOOMBS

MGRM

03/30/2010

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