

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058109

Entity Name: FILICHIA INSURANCE, LLC

FILED
Jul 08, 2008
Secretary of State

Current Principal Place of Business:

6550 NORTH WICKHAM ROAD, SUITE 9
MELBOURNE, FL 32940

New Principal Place of Business:

6550 NORTH WICKHAM ROAD
SUITE # 9
MELBOURNE, FL 32940 US

Current Mailing Address:

6550 NORTH WICKHAM ROAD, SUITE 9
MELBOURNE, FL 32940

New Mailing Address:

6550 NORTH WICKHAM ROAD
SUITE # 9
MELBOURNE, FL 32940 US

FEI Number: 20-5024664 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

FILICHIA, RICK
6550 NORTH WICKHAM ROAD, SUITE 9
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

FILICHIA, RICHARD W MGRM
6550 NORTH WICKHAM ROAD
SUITE #9
MELBOURNE, FL 32940 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: RICHARD W. FILICHIA

07/08/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FILICHIA, RICK
Address: 6550 NORTH WICKHAM ROAD, SUITE 9
City-St-Zip: MELBOURNE, FL 32940

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FILICHIA, RICHARD W
Address: 6550 NORTH WICKHAM ROAD, SUITE 9
City-St-Zip: MELBOURNE, FL 32940 US

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: RICHARD W. FILICHIA

MGRM

07/08/2008

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