

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058602

FILED
Apr 28, 2007
Secretary of State

Entity Name: ALBRECHT INSURANCE & FINANCIAL SERVICES, LLC

Current Principal Place of Business:

1820 STATE ROAD 13 SUITE 7
JACKSONVILLE, FL 32259

New Principal Place of Business:

Current Mailing Address:

1820 STATE ROAD 13 SUITE 7
JACKSONVILLE, FL 32259

New Mailing Address:

FEI Number: 68-0630184

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALBRECHT, JADE A
2580 COLD CREEK BLVD
JACKSONVILLE, FL 32221 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: ALBRECHT, JADE A
Address: 2580 COLD CREEK BLVD.
City-St-Zip: JACKSONVILLE, FL 32221

Title: MGRM (X) Delete
Name: ALBRECHT, TABITHA L
Address: 2580 COLD CREEK BLVD
City-St-Zip: JACKSONVILLE, FL 32221

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: JADE ALBRECHT

MGRM

04/28/2007

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