

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058602

**FILED**  
**Feb 03, 2009**  
**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:**

1820 STATE ROAD 13  
SUITE 7  
SAINT JOHNS, FL 32259

**Current Mailing Address:**

1820 STATE ROAD 13  
SUITE 7  
JACKSONVILLE, FL 32259

**New Mailing Address:**

1820 STATE ROAD 13  
SUITE 7  
SAINT JOHNS, FL 32259

**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

**ADDITIONS/CHANGES:**

**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

02/03/2009

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