

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058602

FILED
Feb 16, 2010
Secretary of State

Entity Name: ALBRECHT INSURANCE & FINANCIAL SERVICES, LLC

Current Principal Place of Business:

1790-1 STATE RD 13
SAINT JOHNS, FL 32259

New Principal Place of Business:

1790 STATE RD 13
SUITE 1
SAINT JOHNS, FL 32259

Current Mailing Address:

1790-1 STATE RD 13
SAINT JOHNS, FL 32259

New Mailing Address:

1790 STATE RD 13
SUITE 1
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:

ALBRECHT, JADE A
3609 CITARA CT
ST AUGUSTINE, FL 32092 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:

02/16/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ALBRECHT, JADE A
Address: 3609 CITRA CT
City-St-Zip: ST AUGUSTINE, FL 32092

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: JADE ALBRECHT

MGMR

02/16/2010

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