

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000059041

**FILED**  
**Aug 03, 2010**  
**Secretary of State**

**Entity Name:** STACEY INSURANCE GROUP LLC

**Current Principal Place of Business:**

1500 GATEWAY BLVD, STE 220  
BOYNTON BEACH, FL 33426

**New Principal Place of Business:**

**Current Mailing Address:**

1500 GATEWAY BLVD, STE 220  
BOYNTON BEACH, FL 33426

**New Mailing Address:**

**FEI Number:** 74-3180800

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STACEY, MICHELLE R  
3201 HAYDEN COURT  
BOYNTON BEACH, FL 33436 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  
**Name:** STACEY, MICHELLE R  
**Address:** 1375 GATEWAY BLVD.  
**City-St-Zip:** BOYNTON BEACH, FL 33426

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: MICHELLE R. STACEY

PRES

08/03/2010

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