

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000059167

FILED
Nov 02, 2009
Secretary of State

Entity Name: JIMMIE GILES FINANCIAL INSURANCE, L.L.C.

Current Principal Place of Business:

5100 W CYPRESS ST
TAMPA, FL 33607

New Principal Place of Business:

10429 GREENMONT DR
TAMPA, FL 33626

Current Mailing Address:

12157 W LINEBAUGH AVE
#166
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-5011591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GONZALEZ, MICHAEL ESQUIRE
1000 N ASHLEY DR
STE 412
TAMPA, FL 33602 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: GILES, VIVIAN R
Address: 5100 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: MGR () Delete
Name: GILES JR, JIMMIE V
Address: 5100 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GILES JR, JIMMIE
Address: 10429 GREENMONT DR
City-St-Zip: TAMPA, FL 33626

Title: MGR (X) Change () Addition
Name: GILES JR, VIVIAN R
Address: 10429 GREENMONT DR
City-St-Zip: TAMPA, FL 33626

Title: MGR () Change (X) Addition
Name: GILES, JOHNATHAN
Address: 10429 GREENMONT DR
City-St-Zip: TAMPA, FL 33626

Title: MGR () Change (X) Addition
Name: GILES, JIMMIE
Address: 10429 GREENMONT DR
City-St-Zip: TAMPA, FL 33626

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: JIMMIE GILES JR

MGRM

11/02/2009

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