

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000059372

**FILED**  
**Jan 15, 2009**  
**Secretary of State**

**Entity Name:** AFFORDABLE INSURANCE & FINANCIAL SERVICES,LLC

**Current Principal Place of Business:**

4400 BAYOU BLVD #38  
PENSACOLA, FL 32503

**New Principal Place of Business:**

1727 CREIGHTON ROAD  
PENSACOLA, FL 32504

**Current Mailing Address:**

PO BOX 10344  
PENSACOLA, FL 32524

**New Mailing Address:**

**FEI Number:** 56-2591661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEBSTER, SHAWNNESSY  
4400 BAYOU BLVD #38  
PENSACOLA, FL 32503 US

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

WEBSTER, SHAWNNESSY  
1727 CREIGHTON ROAD  
PENSACOLA, FL 32504 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:**

01/15/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WEBSTER, KEVIN  
**Address:** PO BOX 10344  
**City-St-Zip:** PENSACOLA, FL 32524

**Title:** MGR ( ) Delete  
**Name:** WEBSTER, SHAWNNESSY  
**Address:** PO BOX 10344  
**City-St-Zip:** PENSACOLA, FL 32524

**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:** KEVIN WEBSTER

MGRM

01/15/2009

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