

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000075574

Entity Name: DKN INSURANCE AGENCY, LLC

FILED  
Feb 05, 2007  
Secretary of State

**Current Principal Place of Business:**

P. O. BOX 2312  
VERO BEACH, FL 32961

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 2312  
VERO BEACH, FL 32961

**New Mailing Address:**

FEI Number: 51-0595170

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VISMOR, DAN  
466 34TH AVE  
VERO BEACH, FL 32968 US

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

DEVORE, KIM  
286 31ST AVE SW  
VERO BEACH, FL 32968 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: KIM DEVORE

02/05/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: VISMOR, DAN  
Address: 466 34TH AVE  
City-St-Zip: VERO BEACH, FL 32968

Title: MGR ( ) Delete  
Name: BEDDINGFIELD, NARLENNE J  
Address: 6705 PASO ROBLES BLVD  
City-St-Zip: FT PIERCE, FL 34951

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: DEVORE, KIM  
Address: 286 31ST AVE SW  
City-St-Zip: VERO BEACH, FL 32968

Title: PART (X) Change ( ) Addition  
Name: BEDDINGFIELD, NARLENNE J  
Address: 6705 PASO ROBLES BLVD  
City-St-Zip: FT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the 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: KIM DEVORE

MGRM

02/05/2007

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