2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# L06000075574

Entity Name: DKN INSURANCE AGENCY, LLC

Current Principal Place of Business:

P. O. BOX 2312
VERO BEACH, FL 32961

New Principal Place of Business:

286 31ST AVE SW
VERO BEACH, FL 32968

Current Mailing Address:

P. O. BOX 2312
VERO BEACH, FL 32961

New Mailing Address:

286 31ST AVE SW
VERO BEACH, FL 32968

FEI Number: 51-0595170 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DEVORE, KIM
286 31ST AVE SW
VERO BEACH, FL 32968 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: DEVORE, KIM
Address: 286 31ST AVE SW
City-St-Zip: VERO BEACH, FL 32968

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

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: KIM DEVORE MM 02/25/2008

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