

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000078984

Entity Name: VARGAS INSURANCE, LLC

FILED  
Jan 05, 2007  
Secretary of State

## Current Principal Place of Business:

3938 STATE ROAD 60 WEST  
PLANT CITY, FL 33567 US

## New Principal Place of Business:

1850 J.L REDMAN PKWY  
PLANT CITY, FL 33563 US

## Current Mailing Address:

3938 STATE ROAD 60 WEST  
PLANT CITY, FL 33567 US

## New Mailing Address:

1850 J.L. REDMAN PKWY  
PLANT CITY, FL 33563 US

FEI Number: 56-2607850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

VARGAS, JESSICA  
3938 STATE ROAD 60 WEST  
PLANT CITY, FL 33567 US

## Name and Address of New Registered Agent:

VARGAS, JESSICA  
1850 J.L. REDMAN PKWY  
PLANT CITY, FL 33563 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:

01/05/2007

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: VARGAS, JESSICA  
Address: 3938 STATE ROAD 60 WEST  
City-St-Zip: PLANT CITY, FL 33567 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: VARGAS, JESSICA  
Address: 1850 J.L. REDMAN PKWY  
City-St-Zip: PLANT CITY, FL 33563 US

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: JESSICA VARGAS

MGRM

01/05/2007

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