

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000082426

FILED
Jun 04, 2009
Secretary of State

Entity Name: JAMES DICKS INSURANCE LLC

Current Principal Place of Business:

220 E. CENTRAL PKWY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

220 E. CENTRAL PKWY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 20-5405225 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DICKS, JACK W
220 E. CENTRAL PKWY
SUITE 1020
ALTAMONTE SPRINGS, FL 32701 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DICKS, JAMES
Address: 220 E. CENTRAL PKWY; SUITE 1020
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

ADDITIONS/CHANGES:

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: JAMES DICKS

MGR

06/04/2009

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