

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091626

FILED
Jul 04, 2007
Secretary of State

Entity Name: MUTUAL TRUST INSURANCE AGENCY, LLC

Current Principal Place of Business:

8891 BRIGHTON LANE
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

8891 BRIGHTON LANE
BONITA SPRINGS, FL 34135

New Mailing Address:

19743 VILLA ROSA LOOP
FT. MYERS, FL 33967

FEI Number: 20-5530759 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:

SCHATZLE, SCOTT R
8891 BRIGHTON LANE
BONITA SPRINGS, FL 34135 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: SCHATZLE, SCOTT R
Address: 8891 BRIGHTON LANE
City-St-Zip: BONITA SPRINGS, FL 34135

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: SCOTT R. SCHATZLE

PRES

07/04/2007

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