2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

MANAGING MEMBERS/MANAGERS

DOCUMENT # L06000092187

1. Entity Name

FULL ARMOUR RISK MANAGEMENT AGENCY, LLC



Principal Place of Business

Mailing Address

200 BELLA CITTA BLVD. DAVENPORT, FL 33897 200 BELLA CITTA BLVD. DAVENPORT, FL 33897

FILED Jan 25, 2008 08:00 A Secretary of State



01152008 No Chg-LLC

CR2E083 (12/07)

4.	FEI Number NOT APPLICABLE	-	Applied For
	NOT APPLICABLE		Not Applicable
5.	Certificate of Status Desired		O Additional

6. Name and Address of Current Registered Agent

BRANGENBERG, JAMES H 200 BELLA CITTA BLVD. DAVENPORT, FL 33897

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The above named entity submits this statement for the purpose of chang the obligations of registered agent.	ing its registered office or registered agent, or both, in the State of Florid	a I am familiar with, and accept
Signature, typed or printed name of registered agent and title if applicable	(NOTE: Roy stored Agent signature required when reinstating)	DATE
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fcc will be \$538.75		

9.	9. MANAGING MEMBERS/MANAGERS	
THEE	MGRM	
NAML	PRATT, JOHN R	
STREET ADDRESS	200 BELLA CITTA BLVD.	
CITY-ST-ZIP	DAVENPORT, FL 33897	
title	MGRM	
NAME	MEYER, ALAN E	
STREET ADDRESS	200 BELLA CITTA BLVD.	
CHY-ST-ZIP	DAVENPORT, FL 33897	
TITLE	MGRM	
NAME	WRIGHT, MALCOLM J	
STREET ADDRESS	2460 SAND LAKE ROAD	
CITY-ST-ZIP	ORLANDO, FL 32809	
Hitt	MGRM	
NAME	BRANGENBERG, JAMES H	
STREET ADDRESS	200 BELLA CITTA BLVD.	
CITY - ST - ZIP	DAVENPORT, FL 33897	
THE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
UTLE		
NAML		
STRUET ADDRESS	·	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHOR