

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000092187

**FILED**  
**Jan 08, 2011**  
**Secretary of State**

**Entity Name:** FULL ARMOUR RISK MANAGEMENT AGENCY, LLC

**Current Principal Place of Business:**

915 HARBOUR HOUSE DR.  
INDIAN ROCKS BEACH, FL 33785

**New Principal Place of Business:**

**Current Mailing Address:**

915 HARBOUR HOUSE DR.  
INDIAN ROCKS BEACH, FL 33785

**New Mailing Address:**

FEI Number: 20-5568385

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BRANGENBERG, JAMES H  
915 HARBOUR HOUSE DRIVE  
INDIAN ROCKS BEACH, FL 33785 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  
Name: BRANGENBERG, JAMES H  
Address: 915 HARBOUR HOUSE DRIVE  
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

I hereby 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 H BRANGENBERG

MGRM

01/08/2011

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