

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105460

Entity Name: FULLER INSURANCE LLC

FILED
Jan 29, 2009
Secretary of State

Current Principal Place of Business:

4821 US HIGHWAY 98 W SUITE 103
SANTA ROSA BEACH, FL 32459

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1583
SANTA ROSA BEACH, FL 32459

New Mailing Address:

FEI Number: 20-5795234

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 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: FULLER, GARRETT N
Address: 174 BONAIRE BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550

Title: MGRM () Delete
Name: FULLER, TERISA L
Address: 174 BONAIRE BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GARRETT FULLER

MGRM

01/29/2009

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