

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000105460

Entity Name: FULLER INSURANCE LLC

FILED
Apr 12, 2011
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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: FULLER, GARRETT N
Address: 174 BONAIRE BLVD
City-St-Zip: MIRAMAR BEACH, FL 32550

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

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: GARRETT N FULLER

MGRM

04/12/2011

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