

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000111913

Entity Name: FAMILY INSURANCE, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

5513 CARRERA PLACE
JACKSONVILLE, FL 32277

New Principal Place of Business:

3317 SW ARCHER RD
GAINESVILLE, FL 32608

Current Mailing Address:

5513 CARRERA PLACE
JACKSONVILLE, FL 32277

New Mailing Address:

3317 SW ARCHER RD
GAINESVILLE, FL 32608

FEI Number: 22-3947027

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

NATHAN, SICKLER L MGR
801 NE 351 HWY
CROSS CITY, FL 32628 US

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: NATHAN L. SICKLER

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SICKLER, NATHAN L
Address: 5513 CARRERA PLACE
City-St-Zip: JACKSONVILLE, FL 32277

Title: MGR () Delete
Name: SICKLER, JILLIAN G
Address: 5513 CARRERA PLACE
City-St-Zip: JACKSONVILLE, FL 32277

Title: ST () Delete
Name: SICKLER, JILLIAN G
Address: 5513 CARRERA PLACE
City-St-Zip: JACKSONVILLE, FL 32277

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SICKLER, NATHAN L
Address: 801 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628

Title: MGR (X) Change () Addition
Name: SICKLER, JILLIAN G
Address: 801 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628

Title: ST (X) Change () Addition
Name: SICKLER, JILLIAN G
Address: 801 NE 351 HWY
City-St-Zip: CROSS CITY, FL 32628

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: NATHAN L. SICKLER

MGR

03/19/2009

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