

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000000763

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** KEY INSURANCE LLC

**Current Principal Place of Business:**

75 N THOMPSON CREEK ROAD  
SUITE 2  
ORMOND BEACH, FL 32174 US

**New Principal Place of Business:**

**Current Mailing Address:**

75 N THOMPSON CREEK ROAD  
SUITE 2  
ORMOND BEACH, FL 32174 US

**New Mailing Address:**

**FEI Number:** 06-1802661

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORT, MICHAEL J  
163 UNIVERSITY CIRCLE  
ORMOND BEACH, FL 32176 US

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

MORT, MICHAEL J  
10 FOXHUNTER FLAT  
ORMOND BEACH, FL 32174 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: MICHAEL MORT

01/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: MORT, MICHAEL J  
Address: 10 FOXHUNTER FLAT  
City-St-Zip: ORMOND BEACH, FL 32174 US

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: MICHAEL MORT

MGR

01/05/2010

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