


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

08 FEB 14 PM 3:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L07000016261</b>					
1. Entity Name FOCUS INSURANCE CONSULTANCY, LLC					
Principal Place of Business 1750 MARSTON PLACE TALLAHASSEE, FL 32308			Mailing Address P.O. BOX 10853 TALLAHASSEE, FL 32302		
2. Principal Place of Business - No P.O. Box # 111 E. College Avenue Suite, Apt. #, etc. Second Floor			3. Mailing Address Suite, Apt. #, etc.		
City & State Tallahassee FL			City & State		
Zip 32301		Country LEON		Country	
4. FEI Number 20-8396220				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent RICKER, ROBERT L 1750 MARSTON PLACE TALLAHASSEE, FL 32308			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RICKER, ROBERT L 1750 MARSTON PLACE TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	900118963979 02/28/08--01003--016 ***138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Robert L. Ricker			2/14/08		850-391-3066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		Daytime Phone #