

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000024848

**FILED**  
**Feb 01, 2010**  
**Secretary of State**

**Entity Name:** FREEDOM INSURANCE MARKETING, LLC

**Current Principal Place of Business:**

5509 GRAND BOULEVARD, SUITE 200  
NEW PORT RICHEY, FL 34652

**New Principal Place of Business:**

905 E. MLK DRIVE  
SUITE 400  
TARPON SPRINGS, FL 34689

**Current Mailing Address:**

5509 GRAND BOULEVARD, SUITE 200  
NEW PORT RICHEY, FL 34652

**New Mailing Address:**

905 E. MLK DRIVE  
SUITE 400  
TARPON SPRINGS, FL 34689

**FEI Number:** 20-8569362

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NELSON, CLINT R  
5509 GRAND BOULEVARD  
SUITE 200  
NEW PORT RICHEY, FL 34652 US

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

NELSON, CLINT R  
905 E. MLK DRIVE  
SUITE 400  
TARPON SPRINGS, FL 34689 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: CLINT R NELSON

02/01/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NELSON, CLINT R  
Address: 905 E. MLK DRIVE, SUITE 400  
City-St-Zip: TARPON SPRINGS, FL 34689 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: CLINT R NELSON

CEO

02/01/2010

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