2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008
Secretary of State

DOCUMENT# L07000028255

Entity Name: MASLOW INSURANCE AGENCY, LLC

Current Principal Place of Business:

101 N.E. 2ND STREET
OCALA, FL 34470 US

New Principal Place of Business:

315 NE 14TH STREET
OCALA, FL 34470 US

Current Mailing Address:

101 N.E. 2ND STREET
OCALA, FL 34470 US

New Mailing Address:

315 NE 14TH STREET
OCALA, FL 34470 US

FEI Number: 20-8638844 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

BOWMAN, RAYMOND E
101 N.E. 2ND STREET
OCALA, FL 34470 US

Name and Address of New Registered Agent:

BOWMAN, RAYMOND E
315 NE 14TH STREET
OCALA, FL 34470 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: 02/08/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: FARKAS, LEE B
Address: 315 NE 14TH STREET
City-St-Zip: OCALA, FL 34470 US

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: LEE B. FARKAS MGR 02/08/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date