

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000028255

FILED
Jan 26, 2009
Secretary of State

Entity Name: MASLOW INSURANCE AGENCY, LLC

Current Principal Place of Business:

315 NE 14TH STREET
OCALA, FL 34470 US

New Principal Place of Business:

101 NE 2ND STREET
OCALA, FL 34470 US

Current Mailing Address:

315 NE 14TH STREET
OCALA, FL 34470 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

BOWMAN, RAYMOND E
315 NE 14TH STREET
OCALA, FL 34470 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FARKAS, LEE B
Address: 315 NE 14TH STREET
City-St-Zip: Ocala, FL 34470 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/26/2009

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