2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2009
Secretary of State

DOCUMENT# L07000041364

Entity Name: FSI INSURANCE OF FLORIDA, LLC

Current Principal Place of Business:

% WILLIAM H. WILLIAMS JR.
1200 THOMASVILLE ROAD
TALLAHASSEE, FL 32317

New Principal Place of Business:

% WILLIAM H. WILLIAMS JR.
1200 THOMASVILLE ROAD
TALLAHASSEE, FL 32303

Current Mailing Address:

% WILLIAM H. WILLIAMS JR.
1200 THOMASVILLE ROAD
TALLAHASSEE, FL 32317

New Mailing Address:

% WILLIAM H. WILLIAMS JR.
PO BOX 13407
TALLAHASSEE, FL 32317

FEI Number: 61-1526738 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, E. MURRAY JR.
215 S. MONROE STREET, 2ND FLOOR
TALLAHASSEE, FL 32301 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: MGRM ( ) Delete
Name: FUNERAL SERVICES, IN, C.
Address: 1200 THOMASVILLE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

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: W. H. WILLIAMS, JR. PRES 03/11/2009

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