

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042477

FILED
Mar 06, 2008
Secretary of State

Entity Name: BROWN INSURANCE SERVICES, LLC

Current Principal Place of Business:

313 MEADOWVIEW TERRACE
LYNN HAVEN, FL 32444

New Principal Place of Business:

2404 RUTH HENTZ AVENUE SUITE D
PANAMA CITY, FL 32405

Current Mailing Address:

313 MEADOWVIEW TERRACE
LYNN HAVEN, FL 32444

New Mailing Address:

2404 RUTH HENTZ AVENUE SUITE D
PANAMA CITY, FL 32405

FEI Number: 20-8889605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, MICHAEL W
313 MEADOWVIEW TERRACE
LYNN HAVEN, FL 32444 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: BROWN, MICHAEL W
Address: 313 MEADOWVIEW TERRACE
City-St-Zip: LYNN HAVEN, FL 32444

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: BROWN, MICHAEL W
Address: 313 MEADOWVIEW TERRACE
City-St-Zip: LYNN HAVEN, FL 32444

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: MICHAEL W. BROWN

PRES

03/06/2008

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