

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000042477

**FILED**  
**Jan 12, 2011**  
**Secretary of State**

**Entity Name:** BROWN INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

1418 W. 23RD ST., STE. 200  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

1418 W. 23RD ST., STE. 200  
PANAMA CITY, FL 32405

**New Mailing Address:**

**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  
2404 RUTH HENTZ AVENUE  
PANAMA CITY, FL 32405 US

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

BROWN, MICHAEL W  
1418 W. 23RD STREET STE 200  
PANAMA CITY, FL 32405 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: MICHAEL W BROWN

01/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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: MICHAEL W. BROWN

PRES

01/12/2011

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