

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000044241

FILED
Apr 29, 2009
Secretary of State

Entity Name: CLEVELAND INSURANCE AGENCY LLC

Current Principal Place of Business:

2215 N. MILITARY TRAIL
M
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

PO BOX 220834
WEST PALM BEACH, FL 33422

New Mailing Address:

FEI Number: 87-0800340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMPSON, MICHELLE E
2215 N. MILITARY TRAIL
M
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

THOMPSON, MICHELLE A
2215 N. MILITARY TRAIL
M
WEST PALM BEACH, FL 33409 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: MICHELLE THOMPSON

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: THOMPSON, MICHELLE E P
Address: 2215 N. MILITARY TRAIL SUITE M
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

Title: A (X) Change () Addition
Name: THOMPSON, MICHELLE
Address: 2215 N. MILITARY TRAIL SUITE M
City-St-Zip: WEST PALM BEACH, FL 33409

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: MICHELLE THOMPSON

A

04/29/2009

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