2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

DOCUMENT# L07000048218

Entity Name: CENTRAL FLORIDA INSURANCE AGENCY, LLC

Current Principal Place of Business:

302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602

New Principal Place of Business:

601 N. ASHLEY DRIVE
SUITE 200
TAMPA, FL 33602

Current Mailing Address:

302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602

New Mailing Address:

601 N. ASHLEY DRIVE
SUITE 200
TAMPA, FL 33602

FEI Number: 20-8991841 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POE, CHARLES E
302 KNIGHTS RUN AVENUE, SUITE 700
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

POE, CHARLES E
601 N. ASHLEY DRIVE
SUITE 200
TAMPA, FL 33602 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: 04/16/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: POE & ASSOCIATES, LLC
Address: 601 N. ASHLEY DRIVE, SUITE 200
City-St-Zip: TAMPA, FL 33602

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 Statues.

SIGNATURE: CHARLES E. POE TD 04/16/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date