2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

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Entity Name: CENTRAL FLORIDA INSURANCE AGENCY, LLC

Current Principal Place of Business:

601 N. ASHLEY DRIVE
SUITE 200
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

601 N. ASHLEY DRIVE
SUITE 200
TAMPA, FL 33602

New Mailing Address:

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
601 N. ASHLEY DRIVE
SUITE 200
TAMPA, FL 33602 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
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: WILLIAM F. POE, SR. CD 04/25/2011

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