

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000065178

**FILED**  
**May 08, 2008**  
**Secretary of State****Entity Name:** KOVAL INSURANCE AGENCY, LLC**Current Principal Place of Business:**1415 ARBORHOUSE COURT  
LONGWOOD, FL 32750**New Principal Place of Business:****Current Mailing Address:**PO BOX 1047  
LONGWOOD, FL 32752**New Mailing Address:****FEI Number:** 35-2301775**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**KOVAL, JOHN M  
1415 ARBORHOUSE COURT  
LONGWOOD, FL 32750 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:** KOVAL, JOHN M  
**Address:** 1415 ARBORHOUSE COURT  
**City-St-Zip:** LONGWOOD, FL 32750**Title:** MGR ( ) Delete  
**Name:** WILLIAMSON, JEAN N  
**Address:** 1415 ARBORHOUSE COURT  
**City-St-Zip:** LONGWOOD, FL 32750**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: JOHN M. KOVAL

MGR

05/08/2008

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