

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000065178

FILED
Mar 20, 2009
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

03/20/2009

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