

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076318

Entity Name: SVF INSURANCE AGENCY, LLC

FILED
Jan 29, 2008
Secretary of State

Current Principal Place of Business:

4429 HAZELTON COURT
ORLANDO, FL 32818

New Principal Place of Business:

1507 S. HIAWASSEE RD
206
ORLANDO, FL 32835

Current Mailing Address:

4429 HAZELTON COURT
ORLANDO, FL 32818

New Mailing Address:

1507 S. HIAWASSEE RD
206
ORLANDO, FL 32835

FEI Number: 26-0584846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARQUHARSON, VINCENT A
4429 HAZELTON COURT
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

FARQUHARSON, VINCENT A
1507 S. HIAWASSEE RD
206
ORLANDO, FL 32835 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:

01/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FARQUHARSON, VINCENT A
Address: 4429 HAZELTON COURT
City-St-Zip: ORLANDO, FL 32818

Title: MGRM (X) Delete
Name: FARQUHARSON, NICOLE
Address: 4429 HAZELTON COURT
City-St-Zip: ORLANDO, FL 32818

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FARQUHARSON, VINCENT A
Address: 1507 S. HIAWASSEE RD #206
City-St-Zip: ORLANDO, FL 32835

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: VINCENT A. FARQUHARSON

MR

01/29/2008

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