

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000076318

FILED  
Apr 02, 2009  
Secretary of State

Entity Name: SVF INSURANCE AGENCY, LLC

## Current Principal Place of Business:

1507 S. HIAWASSEE RD  
206  
ORLANDO, FL 32835

## New Principal Place of Business:

## Current Mailing Address:

1507 S. HIAWASSEE RD  
206  
ORLANDO, FL 32835

## New Mailing Address:

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  
1507 S. HIAWASSEE RD  
206  
ORLANDO, FL 32835 US

## Name and Address of New Registered Agent:

FARQUHARSON, NICOLE  
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: NICOLE FARQUHARSON

04/02/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

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: NICOLE FARQUHARSON

MGRM

04/02/2009

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