

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086051

FILED
Apr 02, 2010
Secretary of State

Entity Name: ALL FLORIDA INSURANCE OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

3228 W SR 426, STE 1032
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

3228 W SR 426, STE 1032
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 26-0787785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHRISTENSEN, JENNIFER
2326 KIMBERWICKE CIRCLE
OVIEDO, FL 32765 US

Name and Address of New Registered Agent:

CHRISTENSEN, JENNIFER
3228 W SR 426, STE#1032
OVIEDO, FL 32765 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: _____

Electronic Signature of Registered Agent

04/02/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CHRISTENSEN, JENNIFER
Address: 3228 W SR 426, STE#1032
City-St-Zip: OVIEDO, FL 32765

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 Statutes.

SIGNATURE: JENNIFER CHRISTENSEN

MGRM

04/02/2010

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