

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094541

FILED
Jul 28, 2008
Secretary of State

Entity Name: AMERICAN FAMILY INSURANCE LLC

Current Principal Place of Business:

1835 HALLANDALE BEACH BLVD
#133
HALLANDALE, FL 33009

New Principal Place of Business:

Current Mailing Address:

1835 HALLANDALE BEACH BLVD
#133
HALLANDALE, FL 33009

New Mailing Address:

FEI Number: 74-3232270 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MOXLEY, RYAN A
1835 HALLANDALE BEACH BLVD
133
HALLANDALE, FL 33009 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: MGRM () Delete
Name: MOXLEY, RYAN A
Address: 1835 HALLANDALE BEACH BLVD #133
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES:

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: RYAN MOXLEY

MGR

07/28/2008

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