

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094541

FILED
Jun 17, 2009
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:

Name and Address of New Registered Agent:

MOXLEY, RYAN A
1835 HALLANDALE BEACH BLVD
133
HALLANDALE, FL 33009 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

_____ 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

06/17/2009

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