

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104671

FILED  
Jan 09, 2008  
Secretary of State

Entity Name: FAMILY INSURANCE AGENCY, LLC.

## Current Principal Place of Business:

1584 KOHLENBERG AVE  
NORTH PORT, FL 34288 US

## New Principal Place of Business:

17218 TOLEDO BLADE BLVD.  
UNIT 11  
PORT CHARLOTTE, FL 33954 US

## Current Mailing Address:

1584 KOHLENBERG AVE  
NORTH PORT, FL 34288 US

## New Mailing Address:

17218 TOLEDO BLADE BLVD.  
UNIT 11  
PORT CHARLOTTE, FL 33954 US

FEI Number: 26-1240796

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

WILLIAMS, ROCHELLE  
1584 KOHLENBERG AVE  
NORTH PORT, FL 34288 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: WILLIAMS, ROCHELLE  
Address: 1584 KOHLENBERG AVE  
City-St-Zip: NORTH PORT, FL 34288 US

Title: MGRM ( ) Delete  
Name: MILLER, MICHAEL  
Address: 1584 KOHLENBERG AVE  
City-St-Zip: NORTH PORT, FL 34288 US

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: MILLER, MICHAEL  
Address: 2105 WONDERWIN STREET  
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: MICHAEL MILLER

MGRM

01/09/2008

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