2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# L07000104671

Entity Name: FAMILY INSURANCE AGENCY, LLC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

1584 KOHLENBERG AVE
NORTH PORT, FL 34288 US

FEI Number: 26-1240796 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

ADDITIONS/CHANGES:

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

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: ROCHELLE WILLIAMS MRS. 04/30/2009

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