

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000110472

FILED  
Apr 09, 2009  
Secretary of State

Entity Name: VILLWOCK INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

36175 EAST LAKE RD  
PALM HARBOR, FL 34685

**New Principal Place of Business:**

**Current Mailing Address:**

36175 EAST LAKE RD  
PALM HARBOR, FL 34685

**New Mailing Address:**

FEI Number: 83-0498238

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILLWOCK, SCOTT  
36175 EAST LAKE RD  
PALM HARBOR, FL 34685 US

**Name and Address of New Registered Agent:**

VILLWOCK, SCOTT L  
36175 EAST LAKE RD  
PALM HARBOR, FL 34685 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: SCOTT VILLWOCK

04/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: VILLWOCK, SCOTT  
Address: 36175 EASK LAKE RD  
City-St-Zip: PALM HARBOR, FL 34685

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: VILLWOCK, SCOTT L  
Address: 36175 EASK LAKE RD  
City-St-Zip: PALM HARBOR, FL 34685

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: SCOTT VILLWOCK

MGR

04/09/2009

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