

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000111190

FILED
Jul 25, 2009
Secretary of State

Entity Name: PROFESSIONAL LINES DIRECT LLC

Current Principal Place of Business:

1633 PERIWINKLE WAY
SUITE E
SANIBEL, FL 33957

New Principal Place of Business:

2330 PALM RIDGE ROAD
SUITE 9
SANIBEL, FL 33957

Current Mailing Address:

1633 PERIWINKLE WAY
SUITE E
SANIBEL, FL 33957

New Mailing Address:

2330 PALM RIDGE ROAD
SUITE 9
SANIBEL, FL 33957

FEI Number: 26-1430270 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:

R&A AGENTS, INC.
2320 FIRST STREET, SUITE 1000
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

SIMONTACCHI, CAROL
2330 PALM RIDGE ROAD
SUITE 9
SANIBEL, FL 33957 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: CAROL SIMONTACCHI

07/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIMONTACCHI, CAROL
Address: 1633 PERIWINKLE WAY #E
City-St-Zip: SANIBEL, FL 33957

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIMONTACCHI, CAROL
Address: 2330 PALM RIDGE ROAD, SUITE 9
City-St-Zip: SANIBEL, FL 33957

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: CAROL SIMONTACCHI

MGR

07/25/2009

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