

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112976

FILED  
Aug 27, 2008  
Secretary of State

**Entity Name:** ACCORD INSURANCE NETWORK OF ORMOND BEACH,"LLC"

**Current Principal Place of Business:**

1339 WEST GRANADA BLVD  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

1339 WEST GRANADA BLVD  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 26-1375481      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

MERGENR, MIKE R  
4425 US 1 SOUTH  
103  
STAUGUSTINE, FL 32086 US

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

MERGENER, MIKE R  
1339 WEST GRANADA BLVD  
ORMOND BEACH, FL 32174 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: MICHAEL R. MERGENER

08/27/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MERGENER, MIKE R  
Address: 4425 US 1 SOUTH STE 103  
City-St-Zip: STAUGUSTINE, FL 32086

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MERGENER, MIKE R  
Address: 1339 WEST GRANADA BLV D  
City-St-Zip: ORMOND BEACH, FL 32174

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 R. MERGENER

MGR

08/27/2008

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