

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113374

Entity Name: VISSER INSURANCE LLC

FILED
Mar 20, 2009
Secretary of State

Current Principal Place of Business:

845 PAINTED BUNTING LANE
VERO BEACH, FL 32963 US

New Principal Place of Business:

1425 20TH STREET
VERO BEACH, FL 32960 US

Current Mailing Address:

845 PAINTED BUNTING LANE
VERO BEACH, FL 32963 US

New Mailing Address:

1425 20TH STREET
VERO BEACH, FL 32960 US

FEI Number: 26-1404472

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VISSER, TROY
845 PAINTED BUNTING LANE
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

VISSER, TROY
1425 20TH STREET
VERO BEACH, FL 32960 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:

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: VISSER, TROY
Address: 845 PAINTED BUNTING LANE
City-St-Zip: VERO BEACH, FL 32963 US

Title: MGR () Delete
Name: VISSER, PAIGE
Address: 845 PAINTED BUNTING LANE
City-St-Zip: VERO BEACH, FL 32963

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: VISSER, TROY
Address: 1425 20TH STREET
City-St-Zip: VERO BEACH, FL 32960 US

Title: MGR (X) Change () Addition
Name: VISSER, PAIGE
Address: 1425 20TH
City-St-Zip: VERO BEACH, FL 32960

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: TROY VISSER

MGRM

03/20/2009

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