

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000114027

**FILED**  
**Apr 14, 2009**  
**Secretary of State**

**Entity Name:** RIC HANSEN INSURANCE, LLC

**Current Principal Place of Business:**

6500 SW ARCHER ROAD STE G  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

**Current Mailing Address:**

6500 SW ARCHER ROAD STE G  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 26-1408892

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HANSEN, FREDRICK E  
7607 SW 49TH PLACE  
GAINESVILLE, FL 32608 US

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

HANSEN, FREDRICK E III  
7607 SW 49TH PLACE  
GAINESVILLE, FL 32608 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: FREDRICK E HANSEN III

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: HANSEN, FREDRICK E  
Address: 7607 SW 49TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: HANSEN, FREDRICK E III  
Address: 7607 SW 49TH PLACE  
City-St-Zip: GAINESVILLE, FL 32608

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: FREDRICK E HANSEN III

MM

04/14/2009

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