2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L07000114605

Entity Name: SIMS INSURANCE AGENCY, LLC

Current Principal Place of Business:

1009 N OKLAHOMA STREET
BONIFAY, FL 32425 US

New Principal Place of Business:

410 N WAUKESHA ST
BONIFAY, FL 32425 US

Current Mailing Address:

1009 N OKLAHOMA STREET
BONIFAY, FL 32425 US

New Mailing Address:

410 N WAUKESHA ST
BONIFAY, FL 32425 US

FEI Number: 68-0663740 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIMS, EARNEST M
1009 N OKLAHOMA STREET
BONIFAY, FL 32425 US

Name and Address of New Registered Agent:

SIMS, EARNEST M
410 N WAUKESHA ST
BONIFAY, FL 32425 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: 01/09/2009

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SIMS, EARNEST M
Address: 1009 N OKLAHOMA STREET
City-St-Zip: BONIFAY, FL 32425 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SIMS, EARNEST M
Address: 410 N WAUKESHA ST
City-St-Zip: BONIFAY, FL 32425 US

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: MIKE SIMS MEM 01/09/2009

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