

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000002509

**FILED**  
**Feb 28, 2010**  
**Secretary of State**

**Entity Name:** BEXLEY INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

256 PALM COAST PARKWAY NE  
PALM COAST, FL 32137

**New Principal Place of Business:**

**Current Mailing Address:**

256 PALM COAST PARKWAY NE  
PALM COAST, FL 32137

**New Mailing Address:**

**FEI Number:** 26-1708653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

BEXLEY, STACY S  
256 PALM COAST PARKWAY NE  
PALM COAST, FL 32137 US

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

BEXLEY, WILLIAM G  
256 PALM COAST PARKWAY NE  
PALM COAST, FL 32137 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: WILLIAM G BEXLEY

02/28/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: BEXLEY, CAROL C  
Address: 256 PALM COAST PARKWAY NE  
City-St-Zip: PALM COAST, FL 32137

I hereby 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 C BEXLEY

PRES

02/28/2010

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