## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000018769

Entity Name: VARCAS INSURANCE AGENCY LLC

FILED Mar 12, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2901 W HILSBOROUGH AVE 2901 W HILLSBOROUGH AVE SUITE B SUITE B

TAMPA, FL 33614 US TAMPA, FL 33614 U

Current Mailing Address: New Mailing Address:

2901 W HILSBOROUGH AVE SUITE B 2901 W HILLSBOROUGH AVE SUITE B

TAMPA, FL 33614 US TAMPA, FL 33614 US

FEI Number: 26-2005320 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

VARGAS, ALEXANDER
5020 ABISHER WOOD LN
5020 ABISHER WOOD LN
5020 ABISHER WOOD LN
5020 BRANDON, FL 33511 US
5020 ABISHER WOOD LN
5020 AB

TAMPA, FL 33614 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: MYRIAM VARGAS 03/12/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: VARGAS, ALEXANDER Name: VARGAS, ALEXANDER Address: 809 E BLOMINGDALE AVE PMB 384 Address: 2901-B WEST HILLSBOROUGH AVE

City-St-Zip: BRANDON, FL 33511 US City-St-Zip: TAMPA, FL 33614 US

Title: MGRM ( ) Delete Title: MGRM ( X) Change ( ) Addition Name: VARGAS, MYRIAM Name: VARGAS, MYRIAM

Name: VARGAS, MYRIAM Name: VARGAS, MYRIAM Address: 809 E BLOOMINGDALE AVE PMB 384 Address: 2901-B WEST HILLSBOROUGH AVE

City-St-Zip: BRANDON, FL 33511 US City-St-Zip: TAMPA, FL 33614 US

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: VARGAS, ALEXANDER Name: VARGAS, ALEXANDER

Address: 5020 ABISHER WOOD LANE Address: 2901-B WEST HILLSBOROUGH AVE

City-St-Zip: BRANDON, FL 33511 US City-St-Zip: TAMPA, FL 33614 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: MYRIAM VARGAS MGRM 03/12/2009