2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2009
Secretary of State

DOCUMENT# L08000037070

Entity Name: THE WELCH INSURANCE AGENCY, LLC

Current Principal Place of Business:

12931 TIMBER RIDGE DR.
FT. MYERS, FL 33913

New Principal Place of Business:

8890 SALROSE LN STE 201
FT. MYERS, FL 33912

Current Mailing Address:

12931 TIMBER RIDGE DR.
FT. MYERS, FL 33913

New Mailing Address:

8890 SALROSE LN STE 201
FT. MYERS, FL 33912

FEI Number: 26-2417898 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KYLE, KEVIN A
1380 ROYAL PALM SQUARE BLVD.
FT. MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: WELCH, LORI M
Address: 12931 TIMBER RIDGE DR.
City-St-Zip: FT. MYERS, FL 33913

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WELCH, LORI M
Address: 8890 SALROSE LN STE 201
City-St-Zip: FT. MYERS, FL 33912

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: LORI M WELCH MGR 02/01/2009

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