

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000039254

FILED  
Jan 08, 2009  
Secretary of State

**Entity Name:** HOYT INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

1744 SAFFEON PLUM LN.  
ORLANDO, FL 32826 US

**New Principal Place of Business:**

1744 SAFFRON PLUM LN  
ORLANDO, FL 32828 US

**Current Mailing Address:**

1744 SAFFEON PLUM LN.  
ORLANDO, FL 32826 US

**New Mailing Address:**

1744 SAFFRON PLUM LN  
ORLANDO, FL 32828 US

**FEI Number:** 26-2442715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOYT, RAYNOR T  
3855 PYRITE DRIVE  
ORLANDO, FL 32826 US

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

HOYT, RAYNOR T  
1744 SAFFRON PLUM LANE  
ORLANDO, FL 32828 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:

01/08/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HOYT, RAYNOR T  
Address: 3855 PYRITE DRIVE  
City-St-Zip: ORLANDO, FL 32826 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HOYT, RAYNOR T  
Address: 1744 SAFFRON PLUM LANE  
City-St-Zip: ORLANDO, FL 32828 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: RAYNOR HOYT

MGR

01/08/2009

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