

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000040878

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** RYLAND MORROW INSURANCE LLC

**Current Principal Place of Business:**

3997 COMMONS DRIVE W  
SUITE H  
DESTIN, FL 32541

**New Principal Place of Business:**

**Current Mailing Address:**

3997 COMMONS DRIVE W  
SUITE H  
DESTIN, FL 32541

**New Mailing Address:**

**FEI Number:** 26-2465306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MORROW, DAVE G  
3997 COMMONS DRIVE W  
SUITE H  
DESTIN, FL 32541 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:** MGRM  
**Name:** MORROW, DAVID G  
**Address:** 3997 COMMONS DRIVE W STE H  
**City-St-Zip:** DESTIN, FL 32541

**Title:** MGRM  
**Name:** CHARLES, RYLAND M  
**Address:** 3997 COMMONS DRIVE W STE H  
**City-St-Zip:** DESTIN, FL 32541

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: DAVID G. MORROW

MGR

04/20/2011

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