

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043697

FILED
May 03, 2010
Secretary of State

Entity Name: LECAIN FAMILY INSURANCE AND FINANCIAL SERVICES, LLC

Current Principal Place of Business:

7239 CENTRAL AVENUE
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

7239 CENTRAL AVENUE
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 45-0594999 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

LECAIN, PAUL L JR
7239 CENTRAL AVENUE
ST PETERSBURG, FL 33710 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LECAIN, PAUL L JR
Address: 7239 CENTRAL AVENUE
City-St-Zip: ST PETERSBURG, FL 33710

Title: MGRM
Name: LECAIN, ANITA M
Address: 7239 CENTRAL AVENUE
City-St-Zip: ST PETERSBURG, FL 33710

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: ANITA M. LECAIN

MGRM

05/03/2010

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