

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043697

FILED
Apr 29, 2011
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 ()

Name and Address of Current Registered Agent:

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

04/29/2011

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