

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045021

FILED
Apr 27, 2009
Secretary of State

Entity Name: SYLVESTER INSURANCE, LLC

Current Principal Place of Business:

12995 S CLEVELAND AVE, 111
FT. MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

12995 S CLEVELAND AVE, 111
FT. MYERS, FL 33907

New Mailing Address:

FEI Number: 26-2550564

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: SYLVESTER, PATRICK A
Address: 10906 STONINGTON AVE.
City-St-Zip: FT. MYERS, FL 33913

Title: MGR () Delete
Name: SYLVESTER, DIANNE C
Address: 10906 STONINGTON AVE.
City-St-Zip: FT. MYERS, FL 33913

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DIANNE SYLVESTER

OWNE

04/27/2009

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