2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# L08000050124

Entity Name: ALL FLORIDA INSURANCE AGENCY, LLC

Current Principal Place of Business:

3526 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

New Principal Place of Business:

6412 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

Current Mailing Address:

3526 SOUTH FLORIDA AVENUE
LAKELAND, FL 33803

New Mailing Address:

6412 CENTRAL AVENUE
ST. PETERSBURG, FL 33707

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**
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:

LECOMPTE, MORRIS A
800-2ND AVENUE SOUTH, STE. 380
ST. PETERSBURG, FL 33701 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: BOZEMAN, ROBERT C
Address: 6412 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33707

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: ROBERT C BOZEMAN PRES 06/24/2009

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