2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L08000062292

Entity Name: HODGINS INSURANCE AGENCY LLC

Current Principal Place of Business:

850 NW FEDERAL HWY STE 205
STUART, FL 34994 US

New Principal Place of Business:

Current Mailing Address:

850 NW FEDERAL HWY STE 205
STUART, FL 34994 US

New Mailing Address:

FEI Number: 20-5798816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HODGINS, CHRISTOPHER R
850 NW FEDERAL HWY STE 205
STUART, FL 34994 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 ( ) Delete
Name: HODGINS, CHRISTOPHER R
Address: 10079 SW AMBROSE WAY
City-St-Zip: PORT ST LUCIE, FL 34986 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HODGINS, CHRISTOPHER R
Address: 4440 SW HAGAPLAN STREET
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: CHRISTOPHER R HODGINS AGNT 03/20/2009

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