

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069144

Entity Name: SHILOH INSURANCE, LLC

**FILED**  
**Mar 19, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

4269 WOODBINE ROAD  
PACE, FL 32571

**New Principal Place of Business:**

**Current Mailing Address:**

4269 WOODBINE ROAD  
PACE, FL 32571

**New Mailing Address:**

FEI Number: 61-1567628

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

EMMONS, BOBBY E  
4269 WOODBINE ROAD  
PACE, FL 32571 US

**Name and Address of New Registered Agent:**

DAVIDSON, PAUL F  
4269 WOODBINE ROAD  
PACE, FL 32571 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: PAUL F DAVIDSON

03/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAGNOLIA MANAGERS, LLC, A FLORIDA LLC  
Address: 4269 WOODBINE ROAD  
City-St-Zip: PACE, FL 32571

Title: MGRM  
Name: DAVIDSON, PAUL F  
Address: 1507 TEMPLEMORE DRIVE  
City-St-Zip: CANTONMENT, FL 32533

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: PAUL F DAVIDSON

MGRM

03/19/2010

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