

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071028

FILED
Apr 18, 2011
Secretary of State

Entity Name: SECURITY BOND ASSOCIATES INSURANCE AGENCY, LLC

Current Principal Place of Business:

215 FIFTH STREET
SUITE 100
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

215 FIFTH STREET
SUITE 100
WEST PALM BEACH, FL 33401

New Mailing Address:

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

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name: DIERUF, THOMAS A
Address: 10000 SHELBYVILLE ROAD
City-St-Zip: LOUISVILLE, KY 40223 US

Title: MGR
Name: CAMPBELL, DAVID E
Address: 256 JACKSON MEADOWS DR
City-St-Zip: HERMITAGE, TN 37076

Title: MGR
Name: LAUER, PHILIP G
Address: 10002 SHELBYVILLE ROAD
City-St-Zip: LOUISVILLE, KY 40223

Title: MGR
Name: BUCHANAN, DONALD D
Address: 10002 SHELBYVILLE ROAD
City-St-Zip: LOUISVILLE, KY 40223

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: PHILIP G. LAUER

CFO

04/18/2011

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