

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000075029

**FILED**  
**Jan 06, 2009**  
**Secretary of State**

**Entity Name:** SUN STATE INSURANCE, LLC

**Current Principal Place of Business:**

2830 NE COLIN KELLY HIGHWAY  
MADISON, FL 32340

**New Principal Place of Business:**

3269 S. HWY 41  
LAKE CITY, FL 32025

**Current Mailing Address:**

2830 NE COLIN KELLY HIGHWAY  
MADISON, FL 32340

**New Mailing Address:**

PO BOX 2158  
LAKE CITY, FL 32056

FEI Number: 26-3109462

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WARING, LUCAS M  
2830 NE COLIN KELLY HIGHWAY  
MADISON, FL 32340 US

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

WARING, LUCAS M  
3269 S HWY. 41  
LAKE CITY, FL 32025 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: \_\_\_\_\_

01/06/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: WARING, LUCAS M  
Address: 2830 NE COLIN KELLY HIGHWAY  
City-St-Zip: MADISON, FL 32340

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WARING, LUCAS M  
Address: 3269 S. HWY 41  
City-St-Zip: LAKE CITY, FL 32025

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: LUCAS M. WARING

MGRM

01/06/2009

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