

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084691

FILED
Apr 21, 2009
Secretary of State

Entity Name: SHELDON INSURANCE SERVICES, LLC

Current Principal Place of Business:

7302 BAHAMA SWALLOW AVE
WEEKI WACHEE, FL 34613 US

New Principal Place of Business:

1689 SE HWY 19
CRYSTAL RIVER, FL 34429 US

Current Mailing Address:

7302 BAHAMA SWALLOW AVE
WEEKI WACHEE, FL 34613 US

New Mailing Address:

1689 SE HWY 19
CRYSTAL RIVER, FL 34429 US

FEI Number: 26-3319424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELDON, SHARONY
7302 BAHAMA SWALLOW AVE
WEEKI WACHEE, FL 34613 US

Name and Address of New Registered Agent:

SHELDON, SHARONY L
7302 BAHAMA SWALLOW AVE
WEEKI WACHEE, FL 34613 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: SHARONY L. SHELDON

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SHELDON, SHARONY
Address: 7302 BAHAMA SWALLOW AVE
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SHELDON, SHARONY L
Address: 7302 BAHAMA SWALLOW AVE
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: MGRM () Change (X) Addition
Name: CONCKLIN, EUGENE L
Address: 9126 ERMA RD
City-St-Zip: BROOKSVILLE, FL 34613

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: SHARONY L. SHELDON

MGRM

04/21/2009

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