

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000084691

FILED
Mar 25, 2010
Secretary of State

Entity Name: SHELDON INSURANCE SERVICES, LLC

Current Principal Place of Business:

1689 SE HWY 19
CRYSTAL RIVER, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

1689 SE HWY 19
CRYSTAL RIVER, FL 34429 US

New Mailing Address:

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 L
7302 BAHAMA SWALLOW AVE
WEEKI WACHEE, FL 34613 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
Name: SHELDON, SHARONY L
Address: 7302 BAHAMA SWALLOW AVE
City-St-Zip: WEEKI WACHEE, FL 34613 US

Title: MGRM
Name: CONCKLIN, EUGENE L
Address: 9126 ERMA RD
City-St-Zip: BROOKSVILLE, FL 34613

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: EUGENE L. CONCKLIN MGRM 03/25/2010

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