

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000085319

FILED
Apr 01, 2009
Secretary of State

Entity Name: FAMILY INSURANCE ASSOCIATES, LLC

Current Principal Place of Business:

1045 N ORANGE AVE
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

1045 N ORANGE AVE
SUITE 1
GREEN COVE SPRINGS, FL 32043

Current Mailing Address:

1045 N ORANGE AVE
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

1045 N ORANGE AVE
SUITE 1
GREEN COVE SPRINGS, FL 32043

FEI Number: 26-3341687

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOONS, GWEN
1045 N ORANGE AVE
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

KOONS, GWEN
1045 N. ORANGE AVENUE
SUITE1
GREEN COVE SPRINGS, FL 32043 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: GWEN KOONS

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOONS, GWEN
Address: 1830 HEARTPINE DR.
City-St-Zip: MIDDLEBURG, FL 32068

Title: MGRM () Delete
Name: BATTON, DALE W
Address: 1175 BATTON RD.
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: GWEN KOONS

MGMR

04/01/2009

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