

# 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