2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2010
Secretary of State

DOCUMENT# L08000085319

Entity Name: FAMILY INSURANCE ASSOCIATES, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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 AVENUE
SUITE1
GREEN COVE SPRINGS, FL 32043 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: KOONS, GWEN
Address: 1830 HEARTPINE DR.
City-St-Zip: MIDDLEBURG, FL 32068

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

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 Statues.

SIGNATURE: GWEN KOONS MGRM 04/16/2010

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