

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000089859

FILED
Sep 03, 2009
Secretary of State

Entity Name: AMERICAN INSURANCE NETWORK LLC

Current Principal Place of Business:

3454 DESOTO BLVD
PALM HARBOR, FL 34683 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 552
YORKSHIRE, NY 14173

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

THEIS, S. JOHN CPA
3607 ALT US 19 N
PALM HARBOR, FL 34683 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'RILEY, S O
Address: P O BOX 552
City-St-Zip: YORKSHIRE, NY 14173

Title: MGR () Delete
Name: THIES, STANLEY J
Address: 3607 ALT 19 N
City-St-Zip: PALM HARBOR, FL 34683

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

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

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: KLIMCZAK, JOSEPH W
Address: 3607 ALT 19 N
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR () Change (X) Addition
Name: CHESSON, PHILLIP G
Address: 3607 ALT 19 N
City-St-Zip: PALM HARBOR, FL 34683

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: JOSEPH W KLIMCZAK

MGR

09/03/2009

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