2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 12, 2009
Secretary of State

DOCUMENT# L08000091154

Entity Name: ONE SOURCE INSURANCE, LLC

Current Principal Place of Business:

715 NE 19TH PL, STE 31
CAPE CORAL, FL 33909

New Principal Place of Business:

Current Mailing Address:

P O BOX 100901
CAPE CORAL, FL 33910 US

New Mailing Address:

FEI Number: 26-3434571 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, DAVID E
1207 SW 49TH STREET
CAPE CORAL, FL 33914 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: MGR ( ) Delete
Name: JOHNSON, DAVID E
Address: 1207 SW 49TH STREET
City-St-Zip: CAPE CORAL, FL 33914 US

Title: MGRM ( ) Delete
Name: MCCARTY, RONALD A
Address: 1489 N LARKWOOD SQUARE
City-St-Zip: FORT MYERS, FL 33919 US

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: RONALD A. MCCARTY MGRM 01/12/2009

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