

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094437

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** SMITH, WOJAN & HAZELLIEF INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

401 S 25TH STREET  
FORT PIERCE, FL 349473614 US

**New Principal Place of Business:**

800 VIRGINIA AVE.  
SUITE 36  
FORT PIERCE, FL 34982 US

**Current Mailing Address:**

401 S 25TH STREET  
FORT PIERCE, FL 349473614 US

**New Mailing Address:**

800 VIRGINIA AVE.  
SUITE 36  
FORT PIERCE, FL 34982 US

**FEI Number:** 94-3444777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 US

**Name and Address of New Registered Agent:**

WOJAN, DIETER M MGRM  
800 VIRGINIA AVE  
SUITE 36  
FORT PIERCE, FL 34982 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:** DIETER M. WOJAN

04/30/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** WOJAN, DIETER M.  
**Address:** 401 S 25TH STREET  
**City-St-Zip:** FORT PIERCE, FL 349473614 US

**Title:** MGRM ( ) Delete  
**Name:** WOJAN-HAZELLIEF, MICHELLE C.  
**Address:** 401 S 25TH STREET  
**City-St-Zip:** FORT PIERCE, FL 349473614 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** WOJAN, DIETER M.  
**Address:** 800 VIRGINIA AVE. STE. 36  
**City-St-Zip:** FORT PIERCE, FL 34982 US

**Title:** MGRM (X) Change ( ) Addition  
**Name:** WOJAN-HAZELLIEF, MICHELLE C.  
**Address:** 800 VIRGINIA AVE. STE. 36  
**City-St-Zip:** FORT PIERCE, FL 34982 US

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:** DIETER M. WOJAN

MGRM

04/30/2009

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