2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 94-3447775 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOJAN, DIETER M
800 VIRGINIA AVE
SUITE 36
FORT PIERCE, FL 34982 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: WOJAN, DIETER M.
Address: 800 VIRGINIA AVE. STE. 36
City-St-Zip: FORT PIERCE, FL 34982 US

Title: MGRM
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 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: DIETER M. WOJAN MGRM 02/16/2010

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