

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000105008

FILED
Mar 24, 2009
Secretary of State

Entity Name: LINDSAY INSURANCE SERVICES, LLC

Current Principal Place of Business:

3301 SW 34TH CIRCLE
SUITE 402
OCALA, FL 34474 US

New Principal Place of Business:

721 NE US HWY 19
CRYSTAL RIVER, FL 34429 US

Current Mailing Address:

3301 SW 34TH CIRCLE
SUITE 402
OCALA, FL 34474 US

New Mailing Address:

FEI Number: 26-3704649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDSAY FINANCIAL SERVICES, LLC
3301 SW 34TH CIRCLE
SUITE 402
OCALA, FL 34474 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: TED LINDSAY, INC.,
Address: 1040 SE 80TH STREET
City-St-Zip: OCALA, FL 34480 US

Title: MGR () Delete
Name: LINDSAY FINANCIAL SE, RVICES, LLC
Address: 3301 SW 34TH CIRCLE, SUITE 402
City-St-Zip: OCALA, FL 34474 US

Title: MGR () Delete
Name: LINDSAY TREE, LLC,
Address: 3317 WEST SAN JUAN STREET
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

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

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: LINDSAY FINANCIAL SERVICES

MGR

03/24/2009

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