

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108753

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: P. C. CARTER INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

40 B MARY ESTER BLVD  
MARY ESTHER, FL 32569

**New Principal Place of Business:**

401- B MARY ESTER BLVD  
MARY ESTHER, FL 32569

**Current Mailing Address:**

550 MARY ESTHER CUTOFF  
# 18-122  
FT WALTON BEACH, FL 32548

**New Mailing Address:**

FEI Number: 26-3749946      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

CARTER, PATRICK  
550 MARY ESTHER CUTOFF  
# 18-122  
FT WALTON BEACH, FL 32548 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: CARTER, PATRICK  
Address: 550 MARY ESTHER BLVD - # 18-122  
City-St-Zip: FT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES:**

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: PATRICK CARTER

MGR

01/21/2009

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