

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000111937

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

**Entity Name:** TODD CLARKE INSURANCE & REAL ESTATE, LLC

**Current Principal Place of Business:**

185 BROOKS ST., S.E., STE C101  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

**Current Mailing Address:**

185 BROOKS ST., S.E., STE C101  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

**FEI Number:** 26-3867866

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CLARKE, TODD A  
185 BROOKS ST.,S.E.,  
SUITE C101  
FORT 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: MGRM  
Name: CLARKE, TODD A  
Address: 751 BEACHVIEW DRIVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

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 Statutes.

SIGNATURE: TODD A CLARKE

MGRM

01/06/2011

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