2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000113419

Entity Name: PATSY CAIN INSURANCE, LLC

FILED May 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1525 WHITE CAPS LANE
PENSACOLA, FL 32507 US
1200 MAHOGANY MILL RD
PENSACOLA, FL 32507 US
PENSACOLA, FL 32507 US

Current Mailing Address: New Mailing Address:

1525 WHITE CAPS LANE 1200 MAHOGANY MILL RD PENSACOLA, FL 32507 US PENSACOLA, FL 32507 US

FEI Number: 26-3872315 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

KINGRY, PATRICIA C
1525 WHITE CAPS LANE
PENSACOLA, FL 32507 US
KINGRY, PATRICIA C
1200 MAHOGANY MILL RD
PENSACOLA, FL 32507 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: PATRICIA C KINGRY 05/02/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 KINGRY, PATRICIA C
 Name:
 KINGRY, PATRICIA C

 Address:
 1525 WHITE CAPS LANE
 Address:
 1200 MAHOGANY MILL RD

 City-St-Zip:
 PENSACOLA, FL 32507 US
 City-St-Zip:
 PENSACOLA, FL 32507 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: PATRICIA C. KINGRY MGR 05/02/2009