

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000115111

**FILED**  
**Apr 23, 2010**  
**Secretary of State**

**Entity Name:** CHRISTY MICHALEC AGENCY, LLC

**Current Principal Place of Business:**

1242 PINE ISLAND ROAD SW UNIT 46  
CAPE CORAL, FL 339912111

**New Principal Place of Business:**

**Current Mailing Address:**

1242 PINE ISLAND ROAD SW UNIT 46  
CAPE CORAL, FL 339912111

**New Mailing Address:**

**FEI Number:** 26-3895908

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KYLE, KEVIN A  
1380 ROYAL PALM SQUARE BLVD  
FORT MYERS, FL 33919 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:** MICHALEC, CHRISTINE L  
**Address:** 11662 PRINCESS MARGARET CT  
**City-St-Zip:** CAPE CORAL, FL 33991

**Title:** MGRM  
**Name:** MICHALEC, ORE F  
**Address:** 11662 PRINCESS MARGARET CT  
**City-St-Zip:** CAPE CORAL, FL 33991

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:** CHRISTINE L. MICHALEC

MGRM

04/23/2010

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