

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000003438

FILED
Jun 21, 2010
Secretary of State

Entity Name: JABIN NILES STATE FARM INSURANCE, LLC

Current Principal Place of Business:

17827 MURDOCK CIRCLE
SUITE B
PORT CHARLOTTE, FL 33948

New Principal Place of Business:

17829 MURDOCK CIRCLE
SUITE B
PORT CHARLOTTE, FL 33948

Current Mailing Address:

17827 MURDOCK CIRCLE
SUITE B
PORT CHARLOTTE, FL 33948 US

New Mailing Address:

17829 MURDOCK CIRCLE
SUITE B
PORT CHARLOTTE, FL 33948

FEI Number: 26-4026601

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NILES, JABIN W
17827 MURDOCK CIRCLE
SUITE B
PORT CHARLOTTE, FL 33948 US

Name and Address of New Registered Agent:

NILES, JABIN W
17829 MURDOCK CIRCLE
SUITE B
PORT CHARLOTTE, FL 33948 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: JABIN W NILES

06/21/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NILES, JABIN W
Address: 17829 MURDOCK CIRCLE, SUITE B
City-St-Zip: PORT CHARLOTTE, FL 33948 US

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: JABIN W NILES

MGRM

06/21/2010

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