

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000010514

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** CHARLES M. HICKS INSURANCE, LLC

**Current Principal Place of Business:**

4625 E. BAY DR.  
SUITE 101  
CLEARWATER, FL 337036866

**New Principal Place of Business:**

4625 E. BAY DR.  
SUITE 101  
CLEARWATER, FL 33764

**Current Mailing Address:**

4625 E. BAY DR.  
SUITE 101  
CLEARWATER, FL 337036866

**New Mailing Address:**

4625 E. BAY DR.  
SUITE 101  
CLEARWATER, FL 33764

**FEI Number:** 26-4143571

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HICKS, CHARLES M  
1342 52ND AVE. N.E.  
ST. PETERSBURG, FL 33703 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  
Name: HICKS, CHARLES M  
Address: 1342 52ND AVE. N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGR  
Name: HICKS, MARLA M  
Address: 1342 52ND AVE. N.E.  
City-St-Zip: ST. PETERSBURG, FL 33703

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: MARLA M. HICKS

MGR

04/05/2010

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