

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000011203

FILED
Apr 06, 2011
Secretary of State

Entity Name: CHRIS BARKER INSURANCE LLC

Current Principal Place of Business:

12794 WEST FOREST HILL BLVD., STE 37B
WELLINGTON, FL 33414

New Principal Place of Business:

12794 WEST FOREST HILL BLVD.
STE 37B
WELLINGTON, FL 33414

Current Mailing Address:

12794 WEST FOREST HILL BLVD., STE 37B
WELLINGTON, FL 33414

New Mailing Address:

12794 WEST FOREST HILL BLVD.
STE 37B
WELLINGTON, FL 33414

FEI Number: 94-2466091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARKER, CHRIS
12794 WEST FOREST HILL BLVD.
SUITE 37B
WELLINGTON, FL 33414 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: OWNE
Name: BARKER, CHRIS
Address: 12794 WEST FOREST HILL BLVD.
City-St-Zip: WELLINGTON, FL 33414 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: CHRISTOPHER BARKER

OWNE

04/06/2011

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