

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000024248

FILED
Mar 31, 2010
Secretary of State

Entity Name: BLESSING INSURANCE SERVICES OF OCALA, LLC

Current Principal Place of Business:

1905 S.W. COLLEGE ROAD, SUITE #4
OCALA, FL 34471 US

New Principal Place of Business:

1905 S.W. COLLEGE ROAD
SUITE #4
OCALA, FL 34471 US

Current Mailing Address:

1905 S.W. COLLEGE ROAD, SUITE #4
OCALA, FL 34471 US

New Mailing Address:

1905 S.W. COLLEGE ROAD
SUITE #4
OCALA, FL 34471 US

FEI Number: 26-4507803

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JODENE E
1905 S.W. COLLEGE ROAD, SUITE #4
OCALA, FL 34471 US

Name and Address of New Registered Agent:

SMITH, JODENE E
1905 S.W. COLLEGE ROAD
SUITE #4
OCALA, FL 34471 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: JODENE E SMITH

03/31/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: BLESSING, CAROLINE M
Address: 1905 S.W. COLLEGE ROAD, SUITE #4
City-St-Zip: OCALA, FL 34471 US

Title: MGRM
Name: SMITH, JODENE E
Address: 1905 SW COLLEGE ROAD, SUITE #4
City-St-Zip: OCALA, FL 34471 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: JODENE E SMITH

MGRM

03/31/2010

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