

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000024746

**FILED**  
**Mar 02, 2010**  
**Secretary of State**

**Entity Name:** TRADITION INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

8011 PLANTATION LAKES DR  
PORT ST LUCIE, FL 34986

**New Principal Place of Business:**

4077 VIRGINIA AVE  
FORT PIERCE, FL 34981

**Current Mailing Address:**

8011 PLANTATION LAKES DR  
PORT ST LUCIE, FL 34986

**New Mailing Address:**

**FEI Number:** 26-4635859

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KIGHT, KATHLEEN K  
8011 PLANTATION LAKES DR  
PORT ST LUCIE, FL 34986 US

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

KNIGHT, KATHLEEN K  
8011 PLANTATION LAKES DR  
PORT ST LUCIE, FL 34986 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: KATHLEEN KNIGHT

03/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KNIGHT, KATHLEEN K  
Address: 8011 PLANTATION LAKES DR  
City-St-Zip: PORT ST LUCIE, FL 34986

Title: MGRM  
Name: LEE, ALICE  
Address: 7936 SADDLEBROOK DRIVE  
City-St-Zip: PORT ST LUCIE, FL 34986

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: KATHLEEN KNIGHT

MBR

03/02/2010

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