

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000051090

**FILED**  
**Mar 24, 2010**  
**Secretary of State**

**Entity Name:** GOODLAD GROUP INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

704 LEELAND HEIGHTS BLVD W  
LEHIGH ACRES, FL 33936

**New Principal Place of Business:**

**Current Mailing Address:**

704 LEELAND HEIGHTS BLVD W  
LEHIGH ACRES, FL 33936

**New Mailing Address:**

**FEI Number:** 27-0178459

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MCKINNEY, LANCE M  
3783 SEAGO LN  
FORT MYERS, FL 33901 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: MGRM  
Name: GOODLAD, JOHN  
Address: 704 LEELAND HEIGHTS BLVD W  
City-St-Zip: LEHIGH ACRES, FL 33936

Title: MGRM  
Name: GOODLAD, TYLER  
Address: 12790 ASTON OAKS DR  
City-St-Zip: FT MYERS, FL 33912

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: JOHN GOODLAD

MGRM

03/24/2010

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