

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075985

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Entity Name:** SOUTHERN STATES INSURANCE, LLC

**Current Principal Place of Business:**

124 MIRACLE STRIP PARKWAY, #1500  
FORT WALTON BEACH, FL 32548

**New Principal Place of Business:**

151 MARY ESTHER BLVD.  
506  
MARY ESTHER, FL 32569

**Current Mailing Address:**

124 MIRACLE STRIP PARKWAY, #1500  
FORT WALTON BEACH, FL 32548

**New Mailing Address:**

500 SUN VALLEY DRIVE  
H-1  
ROSWELL, GA 30076

**FEI Number:** 90-0508718

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, ANGEL  
124 MIRACLE STRIP PARKWAY, #1500  
FORT WALTON BEACH, FL 32548 US

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

PIKE, DOUG  
151 MARY ESTHER BLVD.  
506  
MARY ESTHER, FL 32569 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: DOUG PIKE

01/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HEWATT, LINDA  
Address: 14090 SEABISCUIT  
City-St-Zip: ALPHARETTA, GA 30004

Title: MGRM  
Name: PIKE, DOUGLAS A  
Address: 124 MIRACLE STRIP PARKWAY, #1500  
City-St-Zip: FORT WALTON BEACH, FL 32548

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: LINDA HEWATT

MGRM

01/26/2010

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