

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100247

**FILED**  
**Apr 16, 2010**  
**Secretary of State**

**Entity Name:** 8 FLAGS INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

309 1/2 CENTRE ST  
204  
FERNANDINA BEACH, FL 32034

**New Principal Place of Business:**

**Current Mailing Address:**

309 1/2 CENTRE ST  
204  
FERNANDINA BEACH, FL 32034

**New Mailing Address:**

**FEI Number:** 27-1169010

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, JAMES S  
1405 S SNAPPER LANE  
FERNANDINA BEACH, FL 32034 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: MOORE, JAMES S  
Address: 1405 S SNAPPER LANE  
City-St-Zip: FERNANDINA BEACH, FL 32034 US

Title: MGRM  
Name: BEAN, AARON P  
Address: 305 BONNIEVIEW RD  
City-St-Zip: FERNANDINA BEACH, FL 32034 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: JAMES S MOORE

MGRM

04/16/2010

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