

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000123135

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** LEGACY INSURANCE OF NORTHWEST FLORIDA, LLC

**Current Principal Place of Business:**

898 N FERDON BLVD  
CRESTVIEW, FL 32536

**New Principal Place of Business:**

**Current Mailing Address:**

898 N FERDON BLVD  
CRESTVIEW, FL 32536

**New Mailing Address:**

301 N FERDON BLVD  
CRESTVIEW, FL 32536

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

BELL, ALLEN H  
898 N FERDON BLVD  
CRESTVIEW, FL 32536 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: BELL, ALLEN H  
Address: 898 N FERDON BLVD  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM  
Name: ALLEN BELL AGENCY, INC.  
Address: 898 N. FERDON BLVD  
City-St-Zip: CRESTVIEW, FL 32536

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: ALLEN BELL

MGRM

01/27/2011

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