

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000123135

**FILED**  
**Mar 16, 2012**  
**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:**

301 N FERDON BLVD  
CRESTVIEW, FL 32536

**Current Mailing Address:**

301 N FERDON BLVD  
CRESTVIEW, FL 32536

**New Mailing Address:**

**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:**

BELL, ALLEN H  
301 N FERDON BLVD  
CRESTVIEW, FL 32536      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: \_\_\_\_\_

Electronic Signature of Registered Agent

03/16/2012

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BELL, ALLEN H  
Address: 301 N FERDON BLVD  
City-St-Zip: CRESTVIEW, FL 32536

Title: MGRM  
Name: ALLEN BELL AGENCY, INC.  
Address: 301 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

03/16/2012

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