

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000007473

FILED
Apr 26, 2011
Secretary of State

Entity Name: STEVE WILSON INSURANCE AGENCY, LLC

Current Principal Place of Business:

233 EAST PARK AVENUE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

233 EAST PARK AVENUE
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 27-1747575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILSON, STEVEN
233 EAST PARK AVENUE
LAKE WALES, FL 33853 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: WILSON, KATHLEEN
Address: 365 NORTH CROOKED LAKE DRIVE
City-St-Zip: BABSON PARK, FL 33827 US

Title: MGRM
Name: WILSON, STEVEN
Address: 233 EAST PARK AVENUE
City-St-Zip: LAKE WALES, FL 33853 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: STEVEN D WILSON

MGRM

04/26/2011

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