

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000010115

FILED
Apr 30, 2011
Secretary of State

Entity Name: ALLISON JAMES INSURANCE OF FL, LLC

Current Principal Place of Business:

3626 TAMIAMI TRAIL
B
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

3626 TAMIAMI TRAIL
B
PORT CHARLOTTE, FL 33952

New Mailing Address:

FEI Number: 27-1815837

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAHAM, KEVIN E
3626 TAMIAMI TRAIL
PORT CHARLOTTE, FL 33952 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: GRAHAM, KEVIN E
Address: 3626 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL 33952

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: KEVIN E. GRAHAM

MGRM

04/30/2011

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