

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000012693

**FILED**  
**Jan 19, 2012**  
**Secretary of State**

**Entity Name:** CAREY INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

2226 E. SILVER SPRINGS BLVD.  
E  
OCALA, FL 34470

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 3713  
OCALA, FL 34478

**New Mailing Address:**

**FEI Number:** 27-2085040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CAREY, MICHAEL  
1147 SE 36TH AVE  
OCALA, FL 34471 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: CAREY, MICHAEL  
Address: 1147 SE 36TH AVE  
City-St-Zip: Ocala, FL 34471

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: MICHAEL T CAREY

MGR

01/19/2012

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