2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2011
Secretary of State

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Entity Name: TRIPLE L INSURANCE AGENCY, LLC

Current Principal Place of Business:

2801 SE WILTSHIRE TERRACE
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

4285 SW MARTIN HIGHWAY
PALM CITY, FL 34990 US

Current Mailing Address:

2801 SE WILTSHIRE TERRACE
PORT SAINT LUCIE, FL 34952 US

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:

WILLIAMS, LARRY D JR.
2801 SE WILTSHIRE TERRACE
PORT SAINT LUCIE, FL 34952 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: MGR
Name: WILLIAMS, LARRY D JR.
Address: 2801 SE WILTSHIRE TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34952

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 Statues.

SIGNATURE: LARRY D WILLIAMS JR OWNE 04/19/2011

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