

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082419

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** SAM HOLLOWAY INSURANCE LLC

**Current Principal Place of Business:**

3939 CENTRAL AVE  
ST PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 17053  
ST PETERSBURG, FL 33733 US

**New Mailing Address:**

**FEI Number:** 27-3087015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOLLOWAY, SAMUEL IV  
8703 ORANGE LEAF CT  
TAMPA, FL 33637 US

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

HOLLOWAY, SAMUEL IV  
5902 MEMORIAL HWY  
TAMPA, FL 33615 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:** SAMUEL HOLLOWAY IV

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HOLLOWAY, SAMUEL IV  
**Address:** 5902 MEMORAIL HWY  
**City-St-Zip:** TAMPA, FL 33615

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:** SAMUEL HOLLOWAY

MGR

04/20/2011

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