

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106972

**FILED**  
**Feb 11, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

908 S. VOLUSIA AVE  
SUITE A  
ORANGE CITY, FL 32763 US

**New Principal Place of Business:**

**Current Mailing Address:**

144 FRONTIER DRIVE  
PALM COAST, FL 32137 US

**New Mailing Address:**

**FEI Number:** 27-3661521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COPELAND, DANIEL M  
9310 OLD KINGS ROAD, SOUTH  
SUITE 1501  
JACKSONVILLE, FL 32257 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: WEIBLING, KENNETH M  
Address: 144 FRONTIER DRIVE  
City-St-Zip: PALM COAST, FL 32137 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: KENNETH M WEIBLING

MGRM

02/11/2011

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