

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120482

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** TREVOR HICKMAN INSURANCE LLC

**Current Principal Place of Business:**

383 SW BAYA DRIVE  
LAKE CITY, FL 32025 US

**New Principal Place of Business:**

**Current Mailing Address:**

383 SW BAYA DRIVE  
LAKE CITY, FL 32025 US

**New Mailing Address:**

**FEI Number:** 27-4003812      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

HICKMAN, TREVOR E  
164 SW KEVIN GLN  
LAKE CITY, FL 32024 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:** HICKMAN, TREVOR E  
**Address:** 164 SW KEVIN GLN  
**City-St-Zip:** LAKE CITY, FL 32024

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:** TREVOR E HICKMAN

MGRM

02/22/2011

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