2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

DOCUMENT# L11000095138

Entity Name: THOMAS INSURANCE AGENCY, LLC

Current Principal Place of Business:

213 NORTH 4TH STREET
PALATKA, FL 32177

New Principal Place of Business:

Current Mailing Address:

213 NORTH 4TH STREET
PALATKA, FL 32177

New Mailing Address:

FEI Number: 45-3031322 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, TRAVIS S
213 NORTH 4TH STREET
PALATKA, FL 32177 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: THOMAS, TRAVIS S
Address: 213 NORTH 4TH STREET
City-St-Zip: PALATKA, FL 32177 US

Title: MGRM
Name: THOMAS, LYNSEY V
Address: 213 NORTH 4TH STREET
City-St-Zip: PALATKA, FL 32177 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 Statues.

SIGNATURE: TRAVIS S. THOMAS MGRM 05/01/2012

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