

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L96000000795

1. Entity Name

POLK INSURANCE COMPANY, L.C.



Principal Place of Business

1500 6TH STREET N.W.  
WINTER HAVEN, FL 33881

Mailing Address

1500 6TH STREET N.W.  
WINTER HAVEN, FL 33881



01192006No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

59-3393452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, JAMES L  
1500 6TH STREET N.W.  
WINTER HAVEN, FL 33881

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MEM
NAME	BULLARD AGENCY, INC.
STREET ADDRESS	221 EAST STUART AVENUE
CITY- ST- ZIP	LAKE WALES, FL 33853
TITLE	MEM
NAME	GREEN'S INSURANCE SERVICE, INC.
STREET ADDRESS	1500 6TH STREET N.W.
CITY- ST- ZIP	WINTER HAVEN, FL 33881
TITLE	MEM
NAME	HATTON INSURANCE AGENCY, INC.
STREET ADDRESS	322 EAST MAIN STREET
CITY- ST- ZIP	BARTOW, FL 33830
TITLE	MEM
NAME	CHAD GREEN INSURANCE, INC.
STREET ADDRESS	1617 EAST GARY ROAD
CITY- ST- ZIP	LAKELAND, FL 33801
TITLE	MEM
NAME	MITCHELL INSURANCE AGENCY, INC.
STREET ADDRESS	105 N. BROADWAY
CITY- ST- ZIP	FORT MEADE, FL 33841
TITLE	MEM
NAME	DESOTO INSURANCE AGENCY, INC.
STREET ADDRESS	P.O. BOX 880
CITY- ST- ZIP	ARCADIA, FL 342650880

U00000398612  
01/31/06-80004-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #