

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000795

FILED  
Feb 09, 2010  
Secretary of State

**Entity Name:** POLK INSURANCE COMPANY, L.C.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 59-3393452

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

GREEN, JAMES L MGRM  
1500 6TH STREET N.W.  
WINTER HAVEN, FL 33881 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: MGR  
Name: BULLARD AGENCY, INC.  
Address: 221 EAST STUART AVENUE  
City-St-Zip: LAKE WALES, FL 33853

Title: MGRM  
Name: GREEN'S INSURANCE SERVICE  
Address: 1500 6TH STREET N.W.  
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR  
Name: HATTON INSURANCE AGENCY, INC.  
Address: 322 EAST MAIN STREET  
City-St-Zip: BARTOW, FL 33830

Title: MGR  
Name: CHAD GREEN INSURANCE, INC.  
Address: 1617 EAST GARY ROAD  
City-St-Zip: LAKELAND, FL 33801

Title: MGR  
Name: MITCHELL INSURANCE AGENCY, INC.  
Address: 105 N. BROADWAY  
City-St-Zip: FORT MEADE, FL 33841

Title: MGR  
Name: DESOTO INSURANCE AGENCY, INC.  
Address: P.O. BOX 880  
City-St-Zip: ARCADIA, FL 342650880

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: JAMES L GREEN

MGR

02/09/2010

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