

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000001984

FILED
Mar 20, 2009
Secretary of State

Entity Name: FLORIDA CHOICE INSURANCE AGENCY, L.L.C.

Current Principal Place of Business:

13740 NW 18TH COURT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

Current Mailing Address:

13740 NW 18TH COURT
PEMBROKE PINES, FL 33028

New Mailing Address:

FEI Number: 65-0915543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RENFRO, TIM A SR
13740 NW 18TH COURT
PEMBROKE PINES, FL 33028 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: P () Delete
Name: RENFRO, SR, TIM A P
Address: 13740 NW 18TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGR () Delete
Name: RENFRO, KAREN L
Address: 13740 NW 18TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIM A RENFRO

MR

03/20/2009

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