2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005437

Entity Name: GULA INSURANCE AGENCY, L.L.C.

Current Principal Place of Business:	**New Principal Place of Business:**
1922 SE PORT ST LUCIE BLVD PORT SAINT LUCIE, FL 34952	

Current Mailing Address:	**New Mailing Address:**
1922 SE PORT ST LUICE BLVD PORT SAINT LUCIE, FL 34952	

FEI Number: 65-0944540   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
GULA, ADAM 11541 SW ROSSANO LN PORT SAINT LUCIE, FL 34987 US	GULA, ADAM 5802 NW ROSE PETAL CT PORT SAINT LUCIE, FL 34986 US

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: ADAM GULA   05/05/2008
                    Electronic Signature of Registered Agent   Date

MANAGING MEMBERS/MANAGERS: **ADDITIONS/CHANGES:**

Title:	MGRM ( ) Delete	Title:	( ) Change ( ) Addition
Name:	GULA, GAIL A	Name:	
Address:	5802 NW FALL FLOWER CT	Address:	
City-St-Zip:	PORT SAINT LUCIE, FL 34986	City-St-Zip:	

Title:	MGRM ( ) Delete	Title:	MGRM (X) Change ( ) Addition
Name:	GULA, ADAM C	Name:	GULA, ADAM C
Address:	11541 SW ROSSANO LN	Address:	5802 NW FALL FLOWER CT
City-St-Zip:	PORT ST LUCIE, FL 34987	City-St-Zip:	PORT ST LUCIE, FL 34986

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: ADAM GULA   MGR   05/05/2008
                    Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date