

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005437

FILED
Mar 20, 2009
Secretary of State

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

Current Principal Place of Business:

1922 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

New Principal Place of Business:

Current Mailing Address:

1922 SE PORT ST LUCIE BLVD
PORT SAINT LUCIE, FL 34952

New Mailing Address:

FEI Number: 65-0944540

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GULA, ADAM
5802 NW ROSE PETAL CT
PORT SAINT LUCIE, FL 34986 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 () Delete
Name: GULA, GAIL A
Address: 5802 NW FALL FLOWER CT
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: MGRM () Delete
Name: GULA, ADAM C
Address: 5802 NW FALL FLOWER CT
City-St-Zip: PORT ST LUCIE, FL 34986

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: ADAM GULA

MGRM

03/20/2009

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