

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000005437

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

10026 S US HWY 1  
PORT SAINT LUCIE, FL 34952

**New Principal Place of Business:**

**Current Mailing Address:**

10026 S US HWY 1  
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:**

GULA, ADAM  
5802 NW FALL FLOWER 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:

01/24/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

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

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: ADAM GULA

MGR

01/24/2011

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