

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000000410

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: HELMSMAN INSURANCE AGENCY LLC

**Current Principal Place of Business:**

20 RIVERSIDE ROAD  
WESTON, MA 02493

**New Principal Place of Business:**

**Current Mailing Address:**

20 RIVERSIDE ROAD  
WESTON, MA 02493

**New Mailing Address:**

175 BERKELEY ST  
BOSTON, MA 02116

FEI Number: 04-2433707

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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 ( ) Delete  
Name: MICHEL, DEBORAH L  
Address: 175 BERKLEY STREET  
City-St-Zip: BOSTON, MA 02117

Title: MGR ( ) Delete  
Name: MANSFIELD, CHRISTOPHER C  
Address: 175 BERKLEY STREET  
City-St-Zip: BOSTON, MA 02117

Title: MGR ( ) Delete  
Name: LONG, DAVID H  
Address: 175 BERKLEY STREET  
City-St-Zip: BOSTON, MA 02117

Title: MGR ( ) Delete  
Name: LANGWELL, DENNIS J  
Address: 175 BERKLEY STREET  
City-St-Zip: BOSTON, MA 02117

Title: MGR ( ) Delete  
Name: NELSON, DOUGLAS M  
Address: 175 BERKLEY STREET  
City-St-Zip: BOSTON, MA 02117

**ADDITIONS/CHANGES:**

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

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

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

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: DENNIS J. LANGWELL

MGR

03/27/2008

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