

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000005221

FILED
Mar 12, 2008
Secretary of State

Entity Name: R66 INSURANCE AGENCY, L.L.C.

Current Principal Place of Business:

7600 W. 110TH STREET
SUITE 200
OVERLAND PARK, KS 66210

New Principal Place of Business:

Current Mailing Address:

7600 W. 110TH STREET
SUITE 200
OVERLAND PARK, KS 66210

New Mailing Address:

FEI Number: 20-1909650

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.
155 OFFICE PLAZA DR.
SUITE A
TALLAHASSEE, FL 32301 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: FRANCIS, STEPHEN C
Address: 7600 W. 110TH STREET, SUITE 200
City-St-Zip: OVERLAND PARK, KS 66210

Title: MGRM () Delete
Name: FRANCIS, DAVID G
Address: 7600 W. 110TH STREET, SUITE 200
City-St-Zip: OVERLAND PARK, KS 66210

Title: MGRM () Delete
Name: MERRILL, ROBERT D
Address: 7600 W 110TH STREET, SUITE 200
City-St-Zip: OVERLAND PARK, KS 66210

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:

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: ROBERT D MERRILL

MGRM

03/12/2008

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