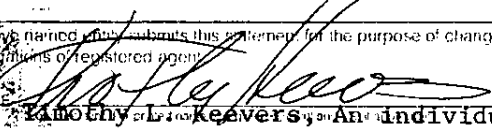
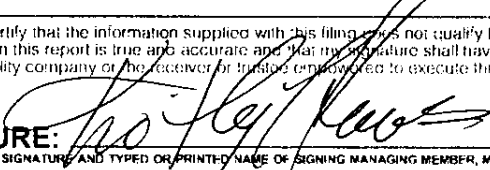


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90354 033 ****55.00

DOCUMENT # M05000002948																													
1. Entity Name SRG INSURANCE AGENCY LLC																													
Principal Place of Business 19015 DOVE CREEK DRIVE TAMPA, FL 33647-3065			Mailing Address 19015 DOVE CREEK DRIVE TAMPA, FL 33647-3065																										
2. Principal Place of Business - No P.O. Box # 2603 Coastal Range Way Suite, Apt. #, etc.		3. Mailing Address 2603 Coastal Range Way Suite, Apt. #, etc.																											
City & State Lutz, Florida		City & State Lutz, Florida		4. FEI Number 13-3937151																									
Zip 33559		Country U.S.A.		5. Certificate of Status Desired ☒ 04022007 Chg-LLC ☐ CR2E083 (12/06)																									
6. Name and Address of Current Registered Agent KEEVERS, TIMOTHY L 19015 DOVE CREEK DRIVE TAMPA, FL 33647-3065			7. Name and Address of New Registered Agent Name: Timothy L. Keevers Street Address (P.O. Box Number is Not Acceptable): 2603 Coastal Range Way City: Lutz, FL Zip Code: 33559																										
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: April 4, 2007 Timothy L. Keevers, An individual (If Registered Agent signature required when re-registering)																													
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																											
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES																										
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 				April 4, 2007																									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: Timothy L. Keevers, Its: President & Manager																													