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	Mailing Address
19015 DOVE CREEK DRIVE TAMPA, FL 33647-3065	19015 DOVE CREEK DRIVE TAMPA, FL 33647-3065

04022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2603 Coastal Range Way	2603 Coastal Range Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Lutz, Florida	City & State: Lutz, Florida
Zip: 33559 Country: U.S.A.	Zip: 33559 Country: U.S.A.

4. FEI Number: 13-3937151 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

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: [signature] Timothy L. Keevers, An individual — April 4, 2007
(Registered Agent signature required when reinstating) DATE

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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KEEVERS, TIMOTHY L 19015 DOVE CREEK DRIVE TAMPA, FL 336473065	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager & President Timothy L. Keevers 2603 Coastal Range Way Lutz, Florida 33559	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] April 4, 2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Timothy L. Keevers, Its: President & Manager