

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004702

FILED
Mar 12, 2008
Secretary of State

Entity Name: INSURANCE & BONDS AGENCY OF TEXAS, PLLC

Current Principal Place of Business:

5844 ROCKY POINT DRIVE
SAN ANTONIO, TX 78249

New Principal Place of Business:

5726 HAUSMAN RD
100
SAN ANTONIO, TX 78249

Current Mailing Address:

5844 ROCKY POINT DRIVE
SAN ANTONIO, TX 78249

New Mailing Address:

5726 HAUSMAN RD
100
SAN ANTONIO, TX 78249

FEI Number: 20-2429089

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CADENHEAD, WILLIAM
Address: 5844 ROCKY POINT DRIVE
City-St-Zip: SAN ANTONIO, TX 78249

Title: MGR () Delete
Name: MOORE, BRYAN
Address: 5844 ROCKY POINT DRIVE
City-St-Zip: SAN ANTONIO, TX 78249

Title: MGR () Delete
Name: CLAYBURNE, JOSEPH
Address: 5844 ROCKY POINT DRIVE
City-St-Zip: SAN ANTONIO, TX 78249

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: JOSEPH, CLAYBURNE
Address: 5726 HAUSMAN RD #100
City-St-Zip: SAN ANTONIO, TX 78249

Title: MGR (X) Change () Addition
Name: MOORE, BRYAN
Address: 5726 HAUSMAN RD #100
City-St-Zip: SAN ANTONIO, TX 78249

Title: MGR (X) Change () Addition
Name: ROBERT, NELSON
Address: 5726 HAUSMAN RD #100
City-St-Zip: SAN ANTONIO, TX 78249

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: JOSEPH CLAYBURNE

PRES

03/12/2008

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