

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000968

FILED
Jun 29, 2009
Secretary of State

Entity Name: HARPENAU INSURANCE AGENCY, LLC.

Current Principal Place of Business:

300 MAIN ST
TROY, IN 47588

New Principal Place of Business:

Current Mailing Address:

300 MAIN ST
TROY, IN 47588

New Mailing Address:

PO BOX 7
TROY, IN 47588

FEI Number: 35-2094673 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC
2731 EXECUTIVE PARK DRIVE
WESTON, FL 33331 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: HARPENAU, RICHARD
Address: PO BOX 7
City-St-Zip: TROY, IN 47588

Title: MGR () Delete
Name: HARPENAU, ROBERT
Address: PO BOX 7
City-St-Zip: TROY, IN 47588

ADDITIONS/CHANGES:

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: RICHARD HARPENAU

MGR

06/29/2009

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