

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000968

**FILED**  
**Mar 07, 2012**  
**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:**

PO BOX 7  
TROY, IN 47588

**New Mailing Address:**

**FEI Number:** 35-2094673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC  
515 E. PARK AVENUE  
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:** MGR  
**Name:** HARPENAU, RICHARD  
**Address:** PO BOX 7  
**City-St-Zip:** TROY, IN 47588

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

I hereby 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

VP

03/07/2012

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