

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000002114

FILED
Jan 05, 2009
Secretary of State

Entity Name: LIMESTONE EQUINE INSURANCE AGENCY, LLC

Current Principal Place of Business:

120 N. MILL STREET, 2ND FLOOR
LEXINGTON, KY 40507

New Principal Place of Business:

Current Mailing Address:

120 N. MILL STREET, 2ND FLOOR
LEXINGTON, KY 40507

New Mailing Address:

PO BOX 4254
LEXINGTON, KY 40544

FEI Number: 61-1395107

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
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: MGRM () Delete
Name: JONES, WILLIAM L
Address: 1165 AUSTERLITZ ROAD
City-St-Zip: PARIS, KY 40361

Title: MGRM () Delete
Name: BRADLEY, PETER R III
Address: 213 ELM STREET
City-St-Zip: VERSAILLES, KY 40383

Title: MGRM () Delete
Name: GAINES, THOMAS B
Address: 265 S. ASHLAND AVE.
City-St-Zip: LEXINGTON, KY 40502

Title: MGRM () Delete
Name: GENTRY, OLIN B
Address: 209 HARP INNIS ROAD
City-St-Zip: LEXINGTON, KY 40511

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ASHLEY D. GOTT

MGR

01/05/2009

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