

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000000511

**FILED**  
**May 01, 2012**  
**Secretary of State**

**Entity Name:** BOWEN, MICLETTE & BRITT INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

1111 NORTH LOOP WEST #400  
HOUSTON, TX 77008

**New Principal Place of Business:**

**Current Mailing Address:**

1111 NORTH LOOP WEST #400  
HOUSTON, TX 77008

**New Mailing Address:**

**FEI Number:** 26-3860108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NATIONAL CORPORATE RESEARCH LTD., INC.  
155 OFFICE PLAZA DRIVE  
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:** BRITT, EDWARD GARVIN JR.  
**Address:** 1111 NORTH LOOP WEST #400  
**City-St-Zip:** HOUSTON, TX 77008

**Title:** MGR  
**Name:** MICLETTE, DAVID GREGORY  
**Address:** 1111 NORTH LOOP WEST #400  
**City-St-Zip:** HOUSTON, TX 77008

**Title:** MGR  
**Name:** BOWEN, SAMUEL FLOYD  
**Address:** 1111 NORTH LOOP WEST #400  
**City-St-Zip:** HOUSTON, TX 77008

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:** EDWARD GARVIN BRITT, JR.

MGR

05/01/2012

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