

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000001520

**Entity Name:** HAGERTY INSURANCE AGENCY, LLC

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

141 RIVERS EDGE DRIVE, STE. 200  
TRAVERSE CITY, MI 49684

**New Principal Place of Business:**

141 RIVERS EDGE DRIVE  
200  
TRAVERSE CITY, MI 49684

**Current Mailing Address:**

141 RIVERS EDGE DRIVE, STE. 200  
TRAVERSE CITY, MI 49684

**New Mailing Address:**

PO BOX 87  
TRAVERSE CITY, MI 49685

**FEI Number:** 88-0268247

**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  
Name: HAGERTY, KIM  
Address: 141 RIVERS EDGE DRIVE, STE. 200  
City-St-Zip: TRAVERSE CITY, MI 49684

Title: MGR  
Name: HAGERTY, MCKEEL  
Address: 141 RIVERS EDGE DRIVE, STE. 200  
City-St-Zip: TRAVERSE CITY, MI 49684

Title: MGR  
Name: HAGERTY, TAMMY  
Address: 141 RIVERS EDGE DRIVE, STE. 200  
City-St-Zip: TRAVERSE CITY, MI 49684

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: KIM HAGERTY

MGR

04/26/2011

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