

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002991

Entity Name: SIP INSURANCE AGENCY, LLC

**FILED**  
**Mar 03, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

1401 S. WESTERN ROAD  
STILLWATER, OK 74071

**New Principal Place of Business:**

**Current Mailing Address:**

1401 S. WESTERN ROAD  
STILLWATER, OK 74071

**New Mailing Address:**

FEI Number: 90-0587421

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**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: GALLAGHER, KAREN  
Address: 1401 S. WESTERN ROAD  
City-St-Zip: STILLWATER, OK 74071

Title: MGR  
Name: LEMON, STEFANIE  
Address: 1401 S. WESTERN ROAD  
City-St-Zip: STILLWATER, OK 74071

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: KAREN JANE GALLAGHER

MGR

03/03/2011

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