

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000040770

**Entity Name:** THOMAS INSURANCE LLC

**Current Principal Place of Business:**

1010 W GARDEN STREET  
PENSACOLA, FL 32502

**Current Mailing Address:**

1010 W GARDEN STREET  
PENSACOLA, FL 32502

**FEI Number:** 26-0652739

**Certificate of Status Desired:** No

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

THOMAS, JOHN M  
289 PLANTATION HILL RD  
GULF BREEZE, FL 32561 US

*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

**Authorized Person(s) Detail :**

Title MGRM  
Name THOMAS, SHANA S  
Address 289 PLANTATION HILL RD  
City-State-Zip: GULF BREEZE FL 32561

Title MGRM  
Name THOMAS, JOHN M  
Address 289 PLANTATION HILL RD  
City-State-Zip: GULF BREEZE FL 32561

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN THOMAS

**MGRM**

**01/09/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date