

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000023687

**FILED**  
**Apr 29, 2013**  
**Secretary of State**  
**CC0134989497**

**Entity Name:** KIRKENDALL INSURANCE, LLC

**Current Principal Place of Business:**

10151 UNIVERSITY BLVD  
194  
ORLANDO, FL 32817

**Current Mailing Address:**

10151 UNIVERSITY BLVD  
194  
ORLANDO, FL 32817 US

**FEI Number: 27-5138310**

**Certificate of Status Desired: No**

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

KIRKENDALL, DONALD C  
10151 UNIVERSITY BLVD  
194  
ORLANDO, FL 32817 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 KIRKENDALL, DONALD C  
Address 10151 UNIVERSITY BLVD, SUITE 194  
City-State-Zip: ORLANDO FL 32817

Title MGR  
Name FUDGE, PAUL  
Address 10151 UNIVERSITY BLVD, SUITE 194  
City-State-Zip: ORLANDO FL 32817

Title MGR  
Name FUDGE, DOUGLAS  
Address 10151 UNIVERSITY BLVD, SUITE 194  
City-State-Zip: ORLANDO FL 32817

*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: DONALD C. KIRKENDALL**

**MANAGING MEMBER**

**04/29/2013**

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

\_\_\_\_\_  
Date