

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000079065

Entity Name: GHG INSURANCE, LLC

FILED
Jan 20, 2009
Secretary of State

Current Principal Place of Business:

751 OAK STREET, SUITE 100
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

751 OAK STREET, SUITE 100
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 20-1825754

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STONEBURNER, BERRY & SIMMONS, P.A.
841 PRUDENTIAL DRIVE, SUITE 1400
JACKSONVILLE, FL 32207 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: MGRM () Delete
Name: GASKIN, TIMOTHY B
Address: 751 OAK ST., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: HARDAKER, WILLIAM R
Address: 751 OAK ST., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32204

Title: MGRM () Delete
Name: GIBSON, ROGER
Address: 751 OAK ST., SUITE 100
City-St-Zip: JACKSONVILLE, FL 32204

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIMOTHY B GASKIN

MGRM

01/20/2009

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