

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005563

FILED
Jul 10, 2008
Secretary of State

Entity Name: EQUIINSURANCE, LLC.

Current Principal Place of Business:

5803 NW 151 STREET
SUITE 105
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

5803 NW 151 STREET
SUITE 105
MIAMI LAKES, FL 33014

New Mailing Address:

FEI Number: 20-8248518 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FERNANDEZ, FRANK
5803 NW 151 STREET
SUITE 105
MIAMI LAKES, FL 33014 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: FERNANDEZ, FRANK
Address: 5309 SW 133 AVENUE
City-St-Zip: MIRAMAR, FL 33027

Title: MGRM (X) Delete
Name: DIAZ, RAPHAEL
Address: 845 W 75 STREET # 207
City-St-Zip: HIALEAH, FL 33014

ADDITIONS/CHANGES:

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: FRANK FERNANDEZ

MGRM

07/10/2008

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