

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005563

Entity Name: EQUIINSURANCE, LLC.

FILED
Jan 21, 2009
Secretary of State

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 ()

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, FRANK
Address: 3963 SW 189TH AVE
City-St-Zip: MIRAMAR, FL 33029

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 01/21/2009

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