

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED
Mar 22, 2011
Secretary of State**

DOCUMENT# L07000005563

Entity Name: EQUIINSURANCE, LLC.

Current Principal Place of Business:

6839 MAIN ST
MIAMI LAKES, FL 33014

New Principal Place of Business:

Current Mailing Address:

6839 MAIN ST
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
6839 MAIN STREET
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
Name: FERNANDEZ, FRANK
Address: 3963 SW 189TH AVE
City-St-Zip: MIRAMAR, FL 33029

I hereby 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 MGMR 03/22/2011

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