2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 22, 2008
Secretary of State

DOCUMENT# L07000024385

Entity Name: FUNGDYE INSURANCE GROUP LLC

Current Principal Place of Business:

19462 SW 39 STREET
MIRAMAR, FL 33029

New Principal Place of Business:

Current Mailing Address:

19462 SW 39 STREET
MIRAMAR, FL 33029

New Mailing Address:

FEI Number: 20-8570650 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DYER, DWIGHT
19462 SW 39 STREET
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

FUNGDYER, LISA
19462 SW 39 STREET
MIRAMAR, FL 33029 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: LISA FUNGDYER 08/22/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DYER, DWIGHT
Address: 19462 SW 39 STREET
City-St-Zip: MIRAMAR, FL 33029

Title: MGRM ( ) Delete
Name: DYER, LISA
Address: 19462 SW 39 STREET
City-St-Zip: MIRAMAR, FL 33029

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: DYER, KRISHON
Address: 19462 SW 39 STREET
City-St-Zip: MIRAMAR, FL 33029

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: LISAFUNGDYER MGR 08/22/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date