

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000064552

FILED
Mar 21, 2009
Secretary of State

Entity Name: COMPETITIVE INSURANCE OF DUNDEE, L.L.C.

Current Principal Place of Business:

312 DUNDEE RD.
DUNDEE, FL 33838

New Principal Place of Business:

115 DUNDEE RD.
DUNDEE, FL 33838

Current Mailing Address:

312 DUNDEE RD.
DUNDEE, FL 33838

New Mailing Address:

115 DUNDEE RD.
DUNDEE, FL 33838

FEI Number: 26-0381751

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COMPETITIVE INSURANCE, INC.
35934 HWY 27
HAINES CITY, FL 33844 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: COMPETITIVE INSURANC, E, INC.
Address: 35934 HWY 27
City-St-Zip: HAINES CITY, FL 33844

Title: MGRM () Delete
Name: GONZALEZ, DELLA M
Address: 312 DUNDEE ROAD
City-St-Zip: DUNDEE, FL 33838

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GONZALEZ, DELLA M
Address: 115 DUNDEE ROAD
City-St-Zip: DUNDEE, FL 33838

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: DELLA M GONZALEZ

MGRM

03/21/2009

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