

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000000950

FILED  
Jan 27, 2009  
Secretary of State

Entity Name: TRIP INSURANCE USA, LLC

**Current Principal Place of Business:**

5903 BALI WAY N  
ST PETE BEACH, FL 33706

**New Principal Place of Business:**

**Current Mailing Address:**

5903 BALI WAY N  
ST PETE BEACH, FL 33706

**New Mailing Address:**

FEI Number: 59-3694434

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

HARVEY, CHRIS  
5903 BALI WAY N  
ST PETE BEACH, FL 33706 US

**Name and Address of New Registered Agent:**

CHECHELE, SAMANTHA  
7127 1ST AVE SOUTH  
ST. PETERSBURG, FL 33707 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: SAMANTHA CHECHELE

01/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARVEY, CHRIS J  
Address: 5903 BALI WAY N  
City-St-Zip: ST PETE BEACH, FL 33706 US

**ADDITIONS/CHANGES:**

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: CHRIS HARVEY

MGR

01/27/2009

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