

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007898

FILED
Mar 05, 2009
Secretary of State

Entity Name: ECONOCARIBE INSURANCE, LLC

Current Principal Place of Business:

2401 N.W. 69TH STREET
MIAMI, FL 33147

New Principal Place of Business:

Current Mailing Address:

2401 N.W. 69TH STREET
MIAMI, FL 33147

New Mailing Address:

FEI Number: 65-1104960

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SHAPIRO, MITCHELL
2401 NW 69TH ST
MIAMI, FL 33147 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: MGR () Delete
Name: ABISCH, JOHN
Address: 2401 NW 69TH ST
City-St-Zip: MIAMI, FL 33147

Title: MGR () Delete
Name: SHAPIRO, MITCHELL
Address: 2401 NW 69TH ST
City-St-Zip: MIAMI, FL 33147

ADDITIONS/CHANGES:

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

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: MITCHELL SHAPIRO

MGR

03/05/2009

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