

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000017756

Entity Name: DAY INSURANCE GROUP,LLC

FILED  
Jun 07, 2005  
Secretary of State

**Current Principal Place of Business:**

763 W. GRANADA BOULEVARD UNIT A  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

763 W. GRANADA BOULEVARD UNIT A  
ORMOND BEACH, FL 32174

**New Mailing Address:**

FEI Number: 26-0055568      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

O'QUINN, LINDA D  
763 W. GRANADA BOULEVARD UNIT A  
ORMOND BEACH, FL 32174      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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: O'QUINN, LINDA D PRES  
Address: 763 W. GRANADA BLVD., SUITE A  
City-St-Zip: ORMOND BEACH, FL 32174 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 for the exemption stated in Section 119.07(3)(i), 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: LINDA D. O'QUINN

OWNE

06/07/2005

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