

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034284

FILED
Mar 26, 2009
Secretary of State

Entity Name: BMV INSURANCE GROUP, L.L.C.

Current Principal Place of Business:

420 S.E. 8TH STREET
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

420 S.E. 8TH STREET
OCALA, FL 34471

New Mailing Address:

FEI Number: 05-0546542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCDONALD, JOHN M
420 S.E. 8TH STREET
OCALA, FL 34471 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: MCDONALD, JOHN M
Address: 420 S.E. 8TH STREET
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: BRANTLEY, JOHN W III
Address: 3308 S.E. 18TH COURT
City-St-Zip: OCALA, FL 34471

Title: MGRM () Delete
Name: VANALLEN, LINDA C
Address: P.O. BOX 583
City-St-Zip: INVERNESS, FL 34451

ADDITIONS/CHANGES:

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

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: JOHN M. MCDONALD

MGR

03/26/2009

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