

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000007173

FILED
Jan 19, 2009
Secretary of State

Entity Name: INTER-COASTAL SECURITY AND HOLDINGS INSURANCE GROUP, LLC

Current Principal Place of Business:

1528 LAKEVIEW RD LVD.
CLEARWATER, FL 33756 US

New Principal Place of Business:

7785 66TH STREET NORTH
PINELLAS PARK, FL 33781 US

Current Mailing Address:

PO BOX 5400
LARGO, FL 33779

New Mailing Address:

PO BOX 2800
PINELLAS PARK, FL 33781

FEI Number: 13-4247716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLACKLIDGE, RAYMOND ESQ
28810 FALLING LEAVES WAY
WESLEY CHAPEL, FL 33543 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: JERGER, T. JOHN JR.
Address: 1528 LAKEVIEW RD
City-St-Zip: CLEARWATER, FL 33756 US

Title: MGRM () Delete
Name: VATTER, DOUG
Address: 8 RIVERSIDE DRIVE
City-St-Zip: CORNWALL ON HUDSON, NY 12520 US

Title: MGRM () Delete
Name: JERGER, SANDY
Address: 1528 LAKEVIEW RD
City-St-Zip: CLEARWATER, FL 33756

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: DOUG VATTER

MGRM

01/19/2009

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