

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016574

Entity Name: PHOENIX INDEMNITY, LLC

FILED
Jul 19, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 881141
PORT SAINT LUCIE, FL 349881141 US

New Principal Place of Business:

1111 NW 25 AVE
SUITE, 101
OCALA, FL 34470 US

Current Mailing Address:

P.O. BOX 881141
PORT SAINT LUCIE, FL 349881141 US

New Mailing Address:

1111 NW 25 AVE
SUITE, 101
OCALA, FL 34470 US

FEI Number: 14-1883510 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:

GEORGINA MARTY CASANOVA
5941 N.W. FOUST CIRCLE
PORT SAINT LUCIE, FL 349863906 US

Name and Address of New Registered Agent:

GEORGINA M. GONZALEZ
1111 NW 25 AVE
SUITE, 101
OCALA, FL 34470 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: GEORGINA M. GONZALEZ

07/19/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEORGINA MARTY CASAN, OVA, MANAGING D IRECTOR
Address: P.O. BOX 881141
City-St-Zip: PORT SAINT LUCIE, FL 349881141

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GEORGINA M. GONZALEZ, , MANAGING DIR E CTOR
Address: 1111 NW 25 AVE
City-St-Zip: OCALA, FL 34470

I hereby certify that the information supplied with this filing does not qualify for the 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: GEORGINA M. GONZALEZ

MGR

07/19/2006

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