

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000016574

Entity Name: PHOENIX INDEMNITY, LLC

FILED  
Apr 27, 2009  
Secretary of State

## Current Principal Place of Business:

1515 E. SILVER SPRINGS BLVD.  
SUITE 1183  
OCALA, FL 34470 US

## New Principal Place of Business:

12181 NORTH MAGNOLIA AVENUE  
OCALA, FL 34475 US

## Current Mailing Address:

P.O. BOX 23  
SPARR, FL 321920023 US

## New Mailing Address:

FEI Number: 14-1883510

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GEORGINA M. GONZALEZ  
1515 E. SILVER SPRINGS BLVD., #1183  
OCALA, FL 34470 US

## Name and Address of New Registered Agent:

GEORGINA M. GONZALEZ  
12181 NORTH MAGNOLIA AVENUE  
OCALA, FL 34475 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:

04/27/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: GEORGINA M. GONZALEZ, MANAGING DIRECTOR  
Address: P.O. BOX 23  
City-St-Zip: SPARR, FL 321920023

## 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 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 MARIA GONZALEZ CPCU

MRS.

04/27/2009

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