

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000043926

FILED
Jan 22, 2009
Secretary of State

Entity Name: METLIN INSURANCE AGENCY, LLC

Current Principal Place of Business:

6691 NOB HILL RD
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

6691 NOB HILL RD
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-1528474

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARLINSKY, FRED - ESQ.
100 SE 3RD AVE
FORT LAUDERDALE, FL 33394 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: SCATURRO, JOSEPH
Address: 6691 NOB HILL RD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SEAMAN, CARL
Address: 6691 NOB HILL RD
City-St-Zip: TAMARAC, FL 33321

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: CARL SEAMAN

MGR

01/22/2009

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