

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069284

FILED
Apr 29, 2009
Secretary of State

Entity Name: SHIVER INSURANCE GROUP LLC

Current Principal Place of Business:

373 EAST JEFFERSON STREET
QUINCY, FL 32351

New Principal Place of Business:

Current Mailing Address:

373 EAST JEFFERSON STREET
QUINCY, FL 32351

New Mailing Address:

FEI Number: 20-1653362

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, BARBARA A
373 EAST JEFFERSON STREET
QUINCY, FL 32351 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: JOHNSON, BARBARA A
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32352

Title: MGRM () Delete
Name: SHIVER, MARA
Address: 1886 LUTEN ROAD
City-St-Zip: QUINCY, FL 32352

Title: MGRM () Delete
Name: SANTACRUZ, PAULA
Address: 33 SMITH CIRCLE LOT 25
City-St-Zip: GRETNA, FL 32332

Title: MGRM () Delete
Name: JONES, M.L.
Address: 1660 HUTCHINSON FERRY RD
City-St-Zip: QUINCY, FL 32351

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SANTACRUZ, PAULA
Address: 33 SMITH CR 25
City-St-Zip: GRETNA, FL 32332

Title: MGRM (X) Change () Addition
Name: SANTACRUZ, CARLOS
Address: 33 SMITH CIRCLE LOT 25
City-St-Zip: GRETNA, FL 32332

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: BARBARA JOHNSON

MGR

04/29/2009

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