

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000069284

Entity Name: SHIVER INSURANCE GROUP LLC

FILED
May 18, 2010
Secretary of State

Current Principal Place of Business:

373 EAST JEFFERSON STREET
QUINCY, FL 32351

New Principal Place of Business:

1324 W. CRAWFORD STREET
QUINCY, FL 32351

Current Mailing Address:

373 EAST JEFFERSON STREET
QUINCY, FL 32351

New Mailing Address:

1324 W. CRAWFORD STREET
QUINCY, FL 32351

FEI Number: 20-1653362 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:

JOHNSON, BARBARA A
373 EAST JEFFERSON STREET
QUINCY, FL 32351 US

Name and Address of New Registered Agent:

JOHNSON, BARBARA A
372 DOGWOOD TRAIL
QUINCY, FL 32352 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: _____

Electronic Signature of Registered Agent

05/18/2010

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JOHNSON, BARBARA A
Address: 372 DOGWOOD TRAIL
City-St-Zip: QUINCY, FL 32352

Title: MGRM
Name: SANTACRUZ, PAULA
Address: 33 SMITH CR 25
City-St-Zip: GRETN, FL 32332

Title: MGRM
Name: BATTEN, DEWAYNE
Address: 5064 OLD BAINBRIDGE ROADE
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 A JOHNSON

MGR

05/18/2010

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