


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 08, 2008 08:00 AM
Secretary of State

DOCUMENT # L04000084198 1. Entity Name SECURITY FIRST INSURANCE HOLDINGS, LLC	
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Principal Place of Business 140 S. ATLANTIC AVE. SUITE 400 ORMOND BEACH, FL 32176	Mailing Address 140 S. ATLANTIC AVE. SUITE 400 ORMOND BEACH, FL 32176
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DO NOT WRITE IN THIS SPACE



01252008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 75-3176415	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

BROCKSMITH, DONALD G
 140 S. ATLANTIC AVE.
 SUITE 400
 ORMOND BEACH, FL 32176

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BURT, WALLACE L MR 140 S ATLANTIC AVENUE #400 ORMOND BEACH, FL 32176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BLEIWISE, HARRY R MR 140 S ATLANTIC AVENUE #400 ORMOND BEACH, FL 32176
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 02/19/08-80028-005 138.75

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Donald G Brocksmith 2-1-08 386-677-4453

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #