## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L04000084198

Address:

City-St-Zip:

140 S ATLANTIC AVENUE #400

ORMOND BEACH, FL 32176 US

Entity Name: SECURITY FIRST INSURANCE HOLDINGS, LLC

**FILED** May 01, 2009 Secretary of State

**New Principal Place of Business: Current Principal Place of Business:** 140 S. ATLANTIC AVE. SUITE 400 ORMOND BEACH, FL 32176 **Current Mailing Address: New Mailing Address:** 140 S. ATLANTIC AVE. SUITE 400 ORMOND BEACH, FL 32176 FEI Number: 75-3176415 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: Name and Address of New Registered Agent: BROCKSMITH, DONALD G 140 S. ATLANTIC AVE. SUITE 400 ORMOND BEACH, FL 32176 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 Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition BURT, WALLACE L MR Name: Name: Address: 140 S ATLANTIC AVENUE #400 Address: City-St-Zip: ORMOND BEACH, FL 32176 US City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: BLEIWISE, HARRY R MR 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: WALLACE L. BURT **MGRM** 05/01/2009