

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000091624

FILED
Jan 15, 2009
Secretary of State

Entity Name: STATEWIDE INSURANCE, LLC

Current Principal Place of Business:

12214 U.S. HWY 301
DADE CITY, FL 33525 US

New Principal Place of Business:

Current Mailing Address:

12214 U. S. HWY 301
DADE CITY, FL 33525 US

New Mailing Address:

12214 U.S. HWY 301
DADE CITY, FL 33525 US

FEI Number: 20-2088221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPES, MARK
36750 JEFFERSON AVE.
DADE CITY, FL 33523 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: MGRM () Delete
Name: CAPES, MARK
Address: 36750 JEFFERSON AVE
City-St-Zip: DADE CITY, FL 33523 US

Title: MGRM () Delete
Name: FECTEAU, KEVIN
Address: 14437 OLD MISSION RD
City-St-Zip: DADE CITY, FL 33525 US

ADDITIONS/CHANGES:

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

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: KEVIN FECTEAU

MGRM

01/15/2009

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