

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020661

FILED
Mar 04, 2009
Secretary of State

Entity Name: MASTER CUSTOM BUILDER INSURANCE GROUP, LLC

Current Principal Place of Business:

871 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

1021 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

871 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

1021 DOUGLAS AVENUE
ALTAMONTE SPRINGS, FL 32714

FEI Number: 20-2443632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIHLE INSURANCE GROUP, INC
871 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

SIHLE INSURANCE GROUP, INC
1021 DOUGLAS AVE
ALTAMONTE SPRINGS, FL 32714 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:

03/04/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SIHLE INSURANCE GROU, P, INC
Address: 871 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: CUSTOM BUILDER INSUR, ANCE, LLC
Address: 1260 PALMETTO AVE. SUITE B
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SIHLE INSURANCE GROU, P, INC
Address: 1021 DOUGLAS AVENUE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: SIHLE INSURANCE GROUP, INC

MGR

03/04/2009

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