

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000020661

**FILED**  
**Mar 05, 2010**  
**Secretary of State**

**Entity Name:** MASTER CUSTOM BUILDER INSURANCE GROUP, LLC

**Current Principal Place of Business:**

1021 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

1021 DOUGLAS AVENUE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**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  
1021 DOUGLAS AVE  
ALTAMONTE SPRINGS, FL 32714 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:** MGR  
**Name:** SIHLE INSURANCE GROUP, INC  
**Address:** 1021 DOUGLAS AVENUE  
**City-St-Zip:** ALTAMONTE SPRINGS, FL 32714

**Title:** MGR  
**Name:** CUSTOM BUILDER INSURANCE, LLC  
**Address:** 1260 PALMETTO AVE. SUITE B  
**City-St-Zip:** WINTER PARK, FL 32789

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:** SIHLE INSURANCE GROUP INC.

MGR

03/05/2010

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