

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031153

FILED
Jan 24, 2008
Secretary of State

Entity Name: GULF COAST INSURANCE GROUP, LLC

Current Principal Place of Business:

15205 COLLIER BLVD., STE 107
NAPLES, FL 34119

New Principal Place of Business:

7795 DAVIS BLVD.
STE 205
NAPLES, FL 34104

Current Mailing Address:

15215 COLLIER BLVD., STE 311
PMB #301
NAPLES, FL 34119

New Mailing Address:

7795 DAVIS BLVD.
STE 205
NAPLES, FL 34104

FEI Number: 01-0832139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORIA, ALBERT J
888 GRAND RAPIDS BLVD.
NAPLES, FL 34120 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: DORIA, ALBERT JR
Address: 888 GRAND RAPIDS BLVD.
City-St-Zip: NAPLES, FL 34120

Title: MGRM () Delete
Name: DORIA, ALBERT SR
Address: 2560 GOLDEN GATE BLVD
City-St-Zip: NAPLES, FL 34117

Title: MGRM () Delete
Name: DORIA, VERONICA
Address: 2560 GOLDEN GATE BLVD
City-St-Zip: NAPLES, FL 34117

Title: MGRM () Delete
Name: DORIA, MARIO
Address: 889 GRAND RAPIDS BLVD.
City-St-Zip: NAPLES, FL 34120 US

ADDITIONS/CHANGES:

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

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

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: ALBERT DORIA, JR

MGRM

01/24/2008

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