

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044068

FILED
Jan 14, 2009
Secretary of State

Entity Name: PINNACLE INSURANCE, LLC

Current Principal Place of Business:

1855 WEST STATE RD.434
SUITE 228
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1855 WEST STATE RD.434
SUITE 228
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-2789833 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORAN, BRIAN
MORAN KIDD ATTORNEYS AT LAW
111 NORTH ORANGE AVE. STE 1200
ORLANDO, FL 328012361 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: VRATANINA, JEFFREY J
Address: 1030 N ORANGE AVE
City-St-Zip: ORLANDO, FL 32801

Title: MGRM (X) Delete
Name: RITENOUR, JOHN K
Address: 1855 WEST STATE RD.434
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RITENOUR, JOHN K
Address: 1855 WEST STATE RD.434
City-St-Zip: LONGWOOD, FL 32750

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: JOHN K. RITENOUR

MGRM

01/14/2009

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