

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000062731

FILED
Apr 26, 2007
Secretary of State

Entity Name: FLORIDA ALL INSURANCE, LLC

Current Principal Place of Business:

100 E. LINTON BLVD
112B
DELRAY BEACH, FL 33483

New Principal Place of Business:

100 E. LINTON BLVD
123B
DELRAY BEACH, FL 33483

Current Mailing Address:

100 E. LINTON BLVD
112B
DELRAY BEACH, FL 33483

New Mailing Address:

100 E. LINTON BLVD
123B
DELRAY BEACH, FL 33483

FEI Number: 43-2084534

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MESIDORT, DANNY MGR
575 DAVIS ROAD
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

MESIDORT, DANNY MGR
4537 HIGHGATE DRIVE
#C
DELRAY BEACH, FL 33445 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:

04/26/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MESIDORT, DANNY
Address: 575 DAVIS ROAD
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGRM () Delete
Name: MESIDORT, FERLINE F
Address: 4537 HIGHGATE DRIVE #C
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MESIDORT, DANNY
Address: 4537 HIGHGATE DRIVE #C
City-St-Zip: DELRAY BEACH, FL 33445

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: FERLINE F. MESIDORT

MGRM

04/26/2007

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