

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000078039

Entity Name: CGB INSURANCE, LLC

FILED
Feb 09, 2009
Secretary of State

Current Principal Place of Business:

5364 EHRLICH RD. SUITE 75
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

5364 EHRLICH RD. SUITE 75
TAMPA, FL 33624

New Mailing Address:

FEI Number: 20-3325795

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'CONNOR, PATRICK
1250 S. BELCHER RD #160
LARGO, FL 33771 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: BLANCHER, KRAIG
Address: 11918 PASCO TRAILS BLVD.
City-St-Zip: BROOKSVILLE, FL 34610

Title: MGRM () Delete
Name: BLANCHER, JANINE M
Address: 11918 PASCO TRAILS BLVD.
City-St-Zip: BROOKSVILLE, FL 34610

Title: 1% () Delete
Name: YODER, AMANDA K
Address: 5364 EHRLICH ROAD SUITE 75
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES:

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

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

Title: 2% (X) Change () Addition
Name: YODER, AMANDA K
Address: 5364 EHRLICH ROAD SUITE 75
City-St-Zip: TAMPA, FL 33624

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: KRAIG A BLANCHER

MGR

02/09/2009

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