

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000099227

FILED
Jul 31, 2008
Secretary of State

Entity Name: COMMUNITY INSURANCE GROUP, LLC

Current Principal Place of Business:

28801 SW 157TH AVE
305
HOMESTEAD, FL 33033 US

New Principal Place of Business:

Current Mailing Address:

15600 SW 288TH ST
305
HOMESTEAD, FL 33033 US

New Mailing Address:

FEI Number: 20-3621852 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

THE ACCOUNTING DEPARTMENT OF THE SOUTHEAST
1440 CORAL RIDGE DR
211
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

ACCOUNTING DEPARTMENT OF THE SOUTHEAST
2400 W CYPRESS CREEK RD
210
FT LAUDERDALE, FL 33309 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: WM PAUL BUNNELL

07/31/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HENRY, DOUGLAS P
Address: 1436 NE 40TH RD
City-St-Zip: HOMESTEAD, FL 33033

Title: MGRM () Delete
Name: JENKINS, WALTER III
Address: 1436 NE 40TH RD
City-St-Zip: HOMESTEAD, FL 33033 US

ADDITIONS/CHANGES:

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: WALTER JENKINS

MGRM

07/31/2008

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