

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105758

Entity Name: NASSAU INSURANCE, LLC

FILED
Apr 21, 2009
Secretary of State

Current Principal Place of Business:

340 SWEETBRIER BRANCH LANE
JACKSONVILLE, FL 32259 US

New Principal Place of Business:

Current Mailing Address:

340 SWEETBRIER BRANCH LANE
JACKSONVILLE, FL 32259 US

New Mailing Address:

FEI Number: 34-2059262

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOMASSETTI, ARMOND J ESQ.
406 ASH ST.
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

COLEMAN, C. RANDOLPH
9250 BAYMEADOWS ROAD #450
JACKSONVILLE, FL 32256 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: C. RANDOLPH COLEMAN

04/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CABELL, BEVERLY A
Address: 340 SWEETBRIER BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259 US

Title: MGR () Delete
Name: CABELL, DAVID M
Address: 340 SWEETBRIER BRANCH LANE
City-St-Zip: JACKSONVILLE, FL 32259

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: BEVERLY A. CABELL

MGRM

04/21/2009

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