

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000117217

**FILED**  
**Apr 28, 2009**  
**Secretary of State**

**Entity Name:** KRELL INSURANCE GROUP, P.L.

**Current Principal Place of Business:**

C/O G. RON KRELL  
3849 KILLEARN CENTER COURT  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

C/O G. RON KRELL  
3849 KILLEARN CENTER COURT  
TALLAHASSEE, FL 32309

FEI Number: 59-1429504

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**New Principal Place of Business:**

C/O G. RON KRELL  
3849 KILLEARN CENTER COURT, STE A  
TALLAHASSEE, FL 32309

**New Mailing Address:**

C/O G. RON KRELL  
3849 KILLEARN CENTER COURT, STE A  
TALLAHASSEE, FL 32309

**Name and Address of Current Registered Agent:**

KRELL, G. RON  
3849 KILLEARN CENTER COURT  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

KRELL, G. RON  
3849 KILLEARN CENTER COURT  
STE A  
TALLAHASSEE, FL 32309 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: G. RON KRELL

04/28/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KRELL, G. RON  
Address: 3849 KILLEARN CENTER COURT  
City-St-Zip: TALLAHASSEE, FL 32309

**ADDITIONS/CHANGES:**

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: G. RON KRELL

MGR

04/28/2009

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