

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 06, 2010
Secretary of State

Entity Name: KRELL INSURANCE GROUP, P.L.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1429504

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KRELL, G. RON
3849 KILLEARN CENTER COURT
STE A
TALLAHASSEE, FL 32309 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: MGR
Name: KRELL, G. RON
Address: 3849 KILLEARN CENTER COURT
City-St-Zip: TALLAHASSEE, FL 32309

I hereby 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

04/06/2010

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