

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120987

FILED
Apr 28, 2010
Secretary of State

Entity Name: COMMUNITY ASSOCIATION GROUP INSURANCE, LLC

Current Principal Place of Business:

4010 W. BOYSCOUT BLVD.
SUITE 200
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

4010 W. BOYSCOUT BLVD.
SUITE 200
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 26-1730049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BALDWIN, L. LOWRY
4010 W. BOYSCOUT BLVD.
SUITE 200
TAMPA, FL 33607 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: KRYSTYN, ELIZABETH H
Address: 4010 W BOYSCOUT BLVD
City-St-Zip: TAMPA, FL 33607 US

Title: MGR
Name: BALDWIN, L. LOWRY
Address: 4010 W BOYSCOUT BLVD STE 200
City-St-Zip: TAMPA, FL 33607 US

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: L LOWRY BALDWIN

MGR

04/28/2010

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