

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000018072

FILED
Apr 14, 2009
Secretary of State

Entity Name: DANTON & DEES INSURANCE GROUP LLC

Current Principal Place of Business:

375 DOUGLAS AVE. SUITE 2010
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

375 DOUGLAS AVE. SUITE 2010
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

FEI Number: 87-0762652 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DEES, BILL
986 INNSWOOD CT.
LONGWOOD, FL 32779 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: MGRM () Delete
Name: DEES, BILL
Address: 986 INNSWOOD CT.
City-St-Zip: LONGWOOD, FL 32779 US

Title: MGRM () Delete
Name: DANTON, DON
Address: 1398 LA COSTA VILLAGE BLVD.
City-St-Zip: PORT ORANGE, FL 32129 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: DON DANTON

MGRM

04/14/2009

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