

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032486

FILED
Jul 20, 2009
Secretary of State

Entity Name: GALT INSURANCE GROUP OF BROWARD COUNTY, LLC

Current Principal Place of Business:

9363 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Principal Place of Business:

Current Mailing Address:

9363 WEST SAMPLE ROAD
CORAL SPRINGS, FL 33065 US

New Mailing Address:

FEI Number: 20-4598639 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CAUDILL, JAMES F
4933 TAMiami TRAIL NORTH
SUITE 200
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

GALT, CHRISTIAN R
7955 AIRPORT ROAD NORTH
204
NAPLES, FL 34109 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: CHRISTIAN GALT

07/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GALT, CHRISTIAN R
Address: 2277 TRADE CENTER WAY
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GALT, CHRISTIAN R
Address: 7955 AIRPORT ROAD NORTH #204
City-St-Zip: NAPLES, FL 34109 US

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: CHRISTIAN GALT

MGMR

07/20/2009

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