

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000051363

Entity Name: MOYA INSURANCE GROUP, LLC

FILED
Apr 01, 2009
Secretary of State

Current Principal Place of Business:

5915 PONCE DE LEON BLVD.
SUITE 19
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

5915 PONCE DE LEON BLVD.
SUITE 19
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-4896185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEY REGISTERED AGENTS INC.
1001 BRICKELL BAY DRIVE
3112
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MOYA, FRANK M.D.
5915 PONCE DE LEON BLVD.
SUITE 19
CORAL GABLES, FL 33146 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: FRANK MOYA

04/01/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MOYA, FRANK
Address: 5915 PONCE DE LEON BLVD SUITE 19
City-St-Zip: CORAL GABLES, FL 33146

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: FRANK MOYA

MGRM

04/01/2009

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