2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2011
Secretary of State

DOCUMENT# L06000051363

Entity Name: MOYA INSURANCE GROUP, LLC

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:

MOYA, FRANK M.D.
5915 PONCE DE LEON BLVD.
SUITE 19
CORAL GABLES, FL 33146 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
Name: MOYA, FRANK
Address: 5915 PONCE DE LEON BLVD SUITE 19
City-St-Zip: CORAL GABLES, FL 33146

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 Statues.

SIGNATURE: FRANK MOYA MGMR 04/02/2011

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