

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087089

FILED
Mar 30, 2009
Secretary of State

Entity Name: INS INSURANCE GROUP OF FLORIDA, LLC

Current Principal Place of Business:

29031 SHIRLEY SHORES ROAD
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

29031 SHIRLEY SHORES ROAD
TAVARES, FL 32778

New Mailing Address:

FEI Number: 20-5488492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROCK, PAULETTE B
29031 SHIRLEY SHORES RD
TAVARES, FL 32778 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 () Delete
Name: BROCK, PAULETTE B
Address: 29031 SHIRLEY SHORES ROAD
City-St-Zip: TAVARES, FL 32778

Title: MGR () Delete
Name: BIRD, RICHARD T
Address: 2961 WESTGATE DRIVE
City-St-Zip: EUSTIS, FL 32726

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: BIRD, RICHARD T
Address: P.O. BOX 154
City-St-Zip: HOWEY-IN-THE-HILLS, FL 34737

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: PAULETTE B BROCK

MGR

03/30/2009

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