

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000091292

Entity Name: HIGHMARK INSURANCE, LLC

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

3150 N WICKHAM RD
SUITE 4
MELBOURNE, FL 32935 US

New Principal Place of Business:

1801 S PATRICK DR
INDIAN HARBOUR BEACH, FL 32937 US

Current Mailing Address:

3150 N WICKHAM RD
SUITE 4
MELBOURNE, FL 32935

New Mailing Address:

1801 S PATRICK DR
INDIAN HARBOUR BEACH, FL 32937 US

FEI Number: 20-5557122

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLEMAN, CHRISTOPHER J ESQUIRE
1311 BEDFORD DRIVE
MELBOURNE, FL 32940 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: RADCLIFF, TIM
Address: 3150 N WICKHAM RD SUITE 4
City-St-Zip: MELBOURNE, FL 32935 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: RADCLIFF, TRACI
Address: 1801 S PATRICK DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

Title: MGRM () Change (X) Addition
Name: RADCLIFF, TIMOTHY D
Address: 1801 S PATRICK DR
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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: TIMOTHY D RADCLIFF

MGRM

04/14/2009

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