2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 07, 2007
Secretary of State

DOCUMENT# L06000091961

Entity Name: THE RELENTLESS INSURANCE GROUP, LLC

Current Principal Place of Business:

4010 57TH AVENUE S.
#104
LAKE WORTH, FL 33463

New Principal Place of Business:

Current Mailing Address:

4010 57TH AVENUE S.
#104
LAKE WORTH, FL 33463

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE RELENTLESS INSURANCE GROUP, INC.
4010 57TH AVENUE S
#104
LAKE WORTH, FL 33435 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: FRANCIS, MCALONAN R JR.
Address: 30 VIA LAGO
City-St-Zip: BOYNTON BEACH, FL 33435

Title: MGRM ( ) Delete
Name: STANLEY, KIMBLE
Address: 4010 57TH AVE. S
City-St-Zip: LAKE WORTH, FL 33463

Title: MGRM ( ) Delete
Name: GAIL, BYRD
Address: 4010 57TH AVENUE S.
City-St-Zip: LAKE WORTH, FL 33463

ADDITIONS/CHANGES:

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANCIS R. MCALONAN, JR. MGMB 01/07/2007

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