

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093148

FILED
Apr 13, 2009
Secretary of State

Entity Name: ZION INSURANCE GROUP, LLC

Current Principal Place of Business:

5310 LENOX AVENUE
SUITE 6
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5310 LENOX AVENUE
SUITE 6
JACKSONVILLE, FL 32205

New Mailing Address:

FEI Number: 20-3788865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BELLAMY, YOLANDA D
6697 RAPID RIVER DRIVE
JACKSONVILLE, FL 32218 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: P () Delete
Name: TOWNSEND, FRANK L III
Address: 5310 LENOX AVEUNUE #6
City-St-Zip: JACKSONVILLE, FL 32205

Title: VP () Delete
Name: TOWNSEND, EARNESTEEN
Address: 5310 LENOX AVUENUE #6
City-St-Zip: JACKSONVILLE, FL 32244

ADDITIONS/CHANGES:

Title: VP (X) Change () Addition
Name: TOWNSEND, FRANK L III
Address: 5310 LENOX AVEUNUE #6
City-St-Zip: JACKSONVILLE, FL 32205

Title: P (X) Change () Addition
Name: TOWNSEND, EARNESTEEN
Address: 5310 LENOX AVUENUE #6
City-St-Zip: JACKSONVILLE, FL 32244

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: EARNESTEEN TOWNSEND

P

04/13/2009

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