

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093148

Entity Name: ZION INSURANCE GROUP, LLC

FILED
Apr 27, 2011
Secretary of State

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 ()

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:

GOGGINS, LUCINDA C
9157 FALLSMILL DRIVE
JACKSONVILLE, FL 32244 US

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: LUCINDA C. GOGGINS

04/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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 Statutes.

SIGNATURE: EARNESTEEN TOWNSEND

P

04/27/2011

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