

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102028

Entity Name: SUPREME INSURANCE, LLC

FILED
Apr 11, 2007
Secretary of State

Current Principal Place of Business:

2655 LEJEUNE RD STE 914
CORAL GABLES, FL 33134

New Principal Place of Business:

1401 SW 87 AVE
MIAMI, FL 33174

Current Mailing Address:

2655 LEJEUNE RD STE 914
CORAL GABLES, FL 33134

New Mailing Address:

1401 SW 87 AVE
MIAMI, FL 33174

FEI Number: 20-5743556

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTINEZ, BIANCA
2655 LEJEUNE RD STE 914
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MARTINEZ, BIANCA
1401 SW 87 AVE
MIAMI, FL 33174 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:

04/11/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINEZ, BIANCA
Address: 2655 LEJEUNE RD STE 914
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARTINEZ, BIANCA
Address: 1401 SW 87 AVE
City-St-Zip: MIAMI, FL 33174

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: BIANCA MARTINEZ

MGRM

04/11/2007

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