2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# L06000108811

Entity Name: HERITAGE UNITED INSURANCE, LLC

Current Principal Place of Business:

927 FERN STREET SUITE 2125
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

927 FERN STREET SUITE 2125
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: 86-1176567 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MANRIQUE, LEONARDO
365 FORESTWAY CIRCLE #105
ALTAMONTE SPRINGS, FL 32701 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: RUBI, HARRY JR.
Address: 290 JASMINE RD. APT. C
City-St-Zip: CASSELBERRY, FL 32707

Title: MGRM ( ) Delete
Name: MANRIQUE, LEONARDO
Address: 365 FORESTWAY CIRCLE #105
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES:

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 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: LEONARDO MANRIQUE AGNT 01/15/2009

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