

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117580

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: AXIS FINANCIAL & INSURANCE GROUP, LLC

## Current Principal Place of Business:

16300 NE 19 AVE  
SUITE # 250  
NORTH MIAMI BEACH, FL 33162 US

## New Principal Place of Business:

17801 NW 2ND AVE  
SUITE # 232  
MIAMI GARDENS, FL 33169 US

## Current Mailing Address:

16300 NE 19 AVE  
SUITE # 250  
NORTH MIAMI BEACH, FL 33162 US

## New Mailing Address:

17801 NW 2ND AVE  
SUITE # 232  
MIAMI GARDENS, FL 33169 US

FEI Number: 20-8014619

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CREVECOEUR, GREGORY  
16300 NE 19 AVE  
SUITE # 250  
NORTH MIAMI BEACH, FL 33162 US

## Name and Address of New Registered Agent:

CREVECOEUR, GREGORY  
17801 NW 2ND AVE  
SUITE # 232  
MIAMI GARDENS, FL 33169 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:

04/30/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: CREVECOEUR, GREGORY  
Address: 16300 NE 19 AVE SUITE # 250  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: CREVECOEUR, GREGORY  
Address: 17801 NW 2ND AVE SUITE # 232  
City-St-Zip: MIAMI GARDENS, FL 33169 US

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: GREGORY CREVECOEUR

MGRM

04/30/2009

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