

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000117763

FILED
Jan 28, 2009
Secretary of State

Entity Name: DE LA TORRE INSURANCE GROUP, LLC

Current Principal Place of Business:

2210 ASHLEY OAKS CIR. STE 101
WESLEY CHAPEL, FL 33543 US

New Principal Place of Business:

Current Mailing Address:

4618 AVENUE LONGSCHAMPS
LUTZ, FL 33558

New Mailing Address:

FEI Number: 20-8022482

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE LA TORRE, ERNEST
4618 AVENUE LONGCHAMPS
LUTZ, FL 33558 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: MGR () Delete
Name: DE LA TORRE, ERNEST
Address: 4618 AVENUE LONGCHAMPS
City-St-Zip: LUTZ, FL 33558 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DE LA TORRE, ERNEST
Address: 4618 AVENUE LONGCHAMPS
City-St-Zip: LUTZ, FL 33558 US

Title: MGR () Change (X) Addition
Name: DE LA TORRE, ANTHONY
Address: 4618 AVENUE LONGCHAMPS
City-St-Zip: LUTZ, FL 33558 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: ERNEST DE LA TORRE

MGRM

01/28/2009

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