

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000015263

FILED  
Apr 14, 2009  
Secretary of State

**Entity Name:** FIRST FLORIDA INSURANCE & FINANCE, LLC

**Current Principal Place of Business:**

13575 58TH STREET NORTH #200  
CLEARWATER, FL 337603721 US

**New Principal Place of Business:**

2524 BRENTWOOD DRIVE  
CLEARWATER, FL 33764 US

**Current Mailing Address:**

13575 58TH STREET NORTH #200  
CLEARWATER, FL 337603721 US

**New Mailing Address:**

2524 BRENTWOOD DRIVE  
CLEARWATER, FL 33764 US

**FEI Number:** 32-0193765

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COURTNEY, DAVID A  
13575 58TH STREET NORTH #200  
CLEARWATER, FL 337603721 US

**Name and Address of New Registered Agent:**

COURTNEY, DAVID A MGRM  
2524 BRENTWOOD DRIVE  
CLEARWATER, FL 33764 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: DAVID A COURTNEY

04/14/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: COURTNEY, DAVID A  
Address: 13575 58TH STREET NORTH #200  
City-St-Zip: CLEARWATER, FL 337603721 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: COURTNEY, DAVID A MGRM  
Address: 2524 BRENTWOOD DRIVE  
City-St-Zip: CLEARWATER, FL 33764 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: DAVID A COURTNEY

MGRM

04/14/2009

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