

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000022601

FILED
Jun 23, 2009
Secretary of State

Entity Name: NORTH STAR INSURANCE GROUP LLC

Current Principal Place of Business:

35 SOUTH HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 324333205

New Principal Place of Business:

Current Mailing Address:

PO BOX 170
DEFUNIAK SPRINGS, FL 32435

New Mailing Address:

FEI Number: 20-8561906 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

DOVER, KEVIN
35 HIDDEN LAKES TRAIL
DEFUNIAK SPRINGS, FL 32433 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: DOVER, KEVIN M PRES
Address: 35 SOUTH HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPRINGS, FL 324333205

Title: VP () Delete
Name: DOVER, KIMBERLY K VP
Address: 35 SOUTH HIDDEN LAKES TRAIL
City-St-Zip: DEFUNIAK SPRINGS, FL 324333205

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: KEVIN DOVER

MR.

06/23/2009

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