

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000032775

FILED
Jan 15, 2009
Secretary of State

Entity Name: WIN INSURANCE GROUP LLC

Current Principal Place of Business:

1610 FIDDLEWOOD CT
CASSELBERRY, FL 32707

New Principal Place of Business:

1110 DOUGLAS AVE.
SUITE 1020
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

1610 FIDDLEWOOD CT
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 20-8755936

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BALANI, DINESH (DINO) K
1610 FIDDLEWOOD CT.
CASSELBERRY, FL 32707 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: BALANI, DINESH (DINO) K
Address: 1610 FIDDLEWOOD CT.
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM () Delete
Name: BALANI, JAYA
Address: 1610 FIDDLEWOOD CT.
City-St-Zip: CASSELBERRY, FL 32707 US

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: DINO BALANI

MGR

01/15/2009

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