2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2008
Secretary of State

DOCUMENT# L07000039209

Entity Name: MEDIPLUS INSURANCE GROUP L.L.C

Current Principal Place of Business:

11339 SW 69 LN
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

11339 SW 69 LN
MIAMI, FL 33176

New Mailing Address:

FEI Number: 26-0212040 **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:

SOLIS, CESAR O
6705 MIAMI LAKES DRIVE
APT 406
MIAMI, FL 33014 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: SOLIS, VICTOR H
Address: 11339 SW 69 LN
City-St-Zip: MIAMI, FL 33173

Title: MGR ( ) Delete
Name: SOLIS, CESAR O
Address: 6705 MIAMI LAKES DRIVE APT 406
City-St-Zip: MIAMI, FL 33014

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: CESAR SOLIS MGR 08/08/2008

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