

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039209

FILED
Sep 02, 2009
Secretary of State

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:

Name and Address of New Registered Agent:

SOLIS, CESAR O
6705 MIAMI LAKES DRIVE
APT 406
MIAMI, FL 33014 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: 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

MGRM

09/02/2009

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