

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000039209

**FILED**  
**Apr 02, 2010**  
**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:**

11339 SW 69 LN  
MIAMI, FL 33173

**Current Mailing Address:**

11339 SW 69 LN  
MIAMI, FL 33176

**New Mailing Address:**

11339 SW 69 LN  
MIAMI, FL 33173

**FEI Number:** 26-0212040

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
**Name:** SOLIS, VICTOR H  
**Address:** 11339 SW 69 LN  
**City-St-Zip:** MIAMI, FL 33173

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

I hereby 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:** VICTOR SOLIS

MGR

04/02/2010

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