

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000049797

FILED  
Mar 21, 2009  
Secretary of State

**Entity Name:** INSURANCE ASSOCIATES GROUP, LLC

**Current Principal Place of Business:**

98 S HIGHLAND AVENUE #1701  
TARPON SPRINGS, FL 34689

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 54  
TARPON SPRINGS, FL 34688

**New Mailing Address:**

**FEI Number:** 26-0141865

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRANT, JAMES R  
98 S HIGHLAND AVENUE #1701  
TARPON SPRINGS, FL 34689 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: GRANT, JAMES R  
Address: PO BOX 54  
City-St-Zip: TARPON SPRINGS, FL 34688

Title: MGRM ( ) Delete  
Name: GRANT, KAREN  
Address: PO BOX 54  
City-St-Zip: TARPON SPRINGS, FL 34688

**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: JAMES R GRANT

MGRM

03/21/2009

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