2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2009
Secretary of State

DOCUMENT# L07000059757

Entity Name: INFINITY INSURANCE GROUP, LLC

Current Principal Place of Business:

8181 NW 36 STREET
1012
DORAL, FL 33166

New Principal Place of Business:

8181 NW 36 STREET
1010
DORAL, FL 33166

Current Mailing Address:

8181 NW 36 STREET
1012
DORAL, FL 33166

New Mailing Address:

8181 NW 36 STREET
1010
DORAL, FL 33166

FEI Number: 35-2299728 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GRELA, MARIA J
8851 NW 119 STREET
3312
HIALEAH GARDENS, FL 33018 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: GRELA, MARIA J
Address: 8181 NW 36 STREET, SUITE 1012
City-St-Zip: DORAL, FL 33166

Title: MGRM ( ) Delete
Name: NOGUEIRA, YAIMA
Address: 8181 NW 36 STREET, SUITE 1012
City-St-Zip: DORAL, FL 33166

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: GRELA, MARIA J
Address: 8181 NW 36 STREET, SUITE 1010
City-St-Zip: DORAL, FL 33166

Title: MGRM (X) Change ( ) Addition
Name: NOGUEIRA, YAIMA
Address: 8181 NW 36 STREET, SUITE 1010
City-St-Zip: DORAL, FL 33166

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: MARIA J GRELA MNG 03/20/2009

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