2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2010
Secretary of State

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Entity Name: COASTAL CASUALTY & INDEMNITY, LLC

Current Principal Place of Business:

12804 SW 122ND AVENUE
MIAMI, FL 33186

New Principal Place of Business:

Current Mailing Address:

12804 SW 122ND AVENUE
MIAMI, FL 33186

New Mailing Address:

FEI Number: 26-0521281 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAMACHO, ALFREDO
12804 SW 122ND AVENUE
MIAMI, FL 33186 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
Name: WYNNE, JOEL F
Address: 8000 SOUTH US-1, SUITE 402
City-St-Zip: PORT ST LUCIE, FL 34952

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 Statues.

SIGNATURE: JOEL F. WYNNE MGRM 04/13/2010

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