2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 21, 2009
Secretary of State

DOCUMENT# L07000064975

Entity Name: KINGDOM INSURANCE OF FLORIDA, LLC

Current Principal Place of Business:

4158 NORTHSHORE DRIVE
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

96112 NORTHSHORE DRIVE
FERNANDINA BEACH, FL 32034

Current Mailing Address:

4158 NORTHSHORE DRIVE
FERNANDINA BEACH, FL 32034

New Mailing Address:

96112 NORTHSHORE DRIVE
FERNANDINA BEACH, FL 32034

FEI Number: 32-0206866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALA, NESTOR R II
4158 NORTHSHORE DRIVE
FERNANDINA BEACH, FL 32034 US

Name and Address of New Registered Agent:

SALA, NESTOR R II
96112 NORTHSHORE DRIVE
FERNANDINA BEACH, FL 32034 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: 01/21/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SALA, NESTOR R II
Address: 4158 NORTH SHORE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: SALA, NESTOR R II
Address: 96112 NORTH SHORE DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

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: NESTOR R SALA II MGRM 01/21/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date