2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Jul 11, 2009
Secretary of State

DOCUMENT# L07000073098

Entity Name: CALATHES MCCORD INSURANCE GROUP, LLC

Current Principal Place of Business:

3509 PREMIER DRIVE
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

3509 PREMIER DRIVE
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 26-0526743 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCORD, DANITA C
3509 PREMIER DRIVE
CASSELBERRY, FL 32707 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: MCCORD, DANITA C
Address: 3509 PREMIER DRIVE
City-St-Zip: CASSELBERRY, FL 32707 US

Title: MGRM (X) Delete
Name: CALATHES, JOHN Z
Address: 2131 TRILLIUM PARK LANE
City-St-Zip: SANFORD, FL 32773 US

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: DANITA CALATHES MCCORD MGRM 07/11/2009

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