

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000086861

**FILED**  
**Mar 26, 2008**  
**Secretary of State**

**Entity Name:** CARIBBEAN ONE INSURANCE GROUP, LLC

**Current Principal Place of Business:**

2775 OLD DIXIE HWY  
SUITE E  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

10335 CROSS CREEK BLVD  
SUITE 17  
TAMPA, FL 33647

**Current Mailing Address:**

2775 OLD DIXIE HWY  
SUITE E  
KISSIMMEE, FL 34744

**New Mailing Address:**

1421 BAYCREST DRIVE  
WESLEY CHAPEL, FL 33543

**FEI Number:** 26-1849922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PASTORS, BERTHA ROSA  
1421 BAYCREST DR.  
WESLEY CHAPEL, FL 33544 US

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

PASTORS, BERTHA ROSA  
10335 CROSS CREEK BLVD  
SUITE 17  
TAMPA, FL 33647 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:** BERTHA ROSA PASTORS

03/26/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** JIHADI, BERTHA  
**Address:** 1421 BAYCREST DR.  
**City-St-Zip:** WESLEY CHAPLE, FL 33544

**ADDITIONS/CHANGES:**

**Title:** P (X) Change ( ) Addition  
**Name:** PASTORS, BERTHA ROSA  
**Address:** 10335 CROSS CREEK BLVD SUITE 17  
**City-St-Zip:** TAMPA, FL 33647

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:** BERTHA ROSA PASTORS

P

03/26/2008

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