

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000088096

Entity Name: MY INSURANCE GUY LLC

**FILED**  
**Jun 04, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

10240A WEST SAMPLE RD  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

10240-A WEST SAMPLE RD  
CORAL SPRINGS, FL 33065

**Current Mailing Address:**

10240A WEST SAMPLE RD  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

10240-A WEST SAMPLE RD  
CORAL SPRINGS, FL 33065

FEI Number: 33-1182079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POGGI, KRISTAL  
10240-A WEST SAMPLE RD  
CORAL SPRINGS, FL 33065 US

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

MITCHELL W. BRUCKNER, CPA, PA  
4300 N UNIVERSITY DRIVE  
STE A-107  
LAUDERHILL, FL 33351 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: MITCHELL W. BRUCKNER

06/04/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POGGI, KRISTAL V MGRM  
Address: 10240-A WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065

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 Statutes.

SIGNATURE: KRISTAL POGGI

MGRM

06/04/2010

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