

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094687

FILED
Apr 22, 2009
Secretary of State

Entity Name: S.G. BASHANT INSURANCE, LLC

Current Principal Place of Business:

453 NW PRIMA VISTA BLVD
PORT ST. LUCIE, FL 34983

New Principal Place of Business:

529 NW PRIMA VISTA BLVD
304-Q
PORT ST. LUCIE, FL 34983

Current Mailing Address:

453 NW PRIMA VISTA BLVD
PORT ST. LUCIE, FL 34983

New Mailing Address:

529 NW PRIMA VISTA BLVD
304-Q
PORT ST. LUCIE, FL 34983

FEI Number: 74-3232673

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASHANT, SUSAN G
7080 TORREY PINES CIRCLE
PORT ST. LUCIE, FL 34986 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: BASHANT, SUSAN G
Address: 7080 TORREY PINES CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

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: SUSAN G. BASHANT

MANA

04/22/2009

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