

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000094687

FILED
Jan 06, 2010
Secretary of State

Entity Name: S.G. BASHANT INSURANCE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

529 NW PRIMA VISTA BLVD
301E
PORT ST. LUCIE, FL 34983

Current Mailing Address:

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

New Mailing Address:

529 NW PRIMA VISTA BLVD
301E
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
Name: BASHANT, SUSAN G
Address: 7080 TORREY PINES CIRCLE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: SUSAN G BASHANT

MM

01/06/2010

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