2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# L07000097339

Entity Name: GENESIS INSURANCE AGENCY,LLC

Current Principal Place of Business:

506 W OAK RIDGE RD
ORLANDO, FL 32809

New Principal Place of Business:

5657-A S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

Current Mailing Address:

506 W OAK RIDGE RD
ORLANDO, FL 32809

New Mailing Address:

5657-A S ORANGE BLOSSOM TRAIL
ORLANDO, FL 32839

FEI Number: 26-1159434 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VILSAINT, SHERMAN
1350 W COLONIAL DR
ORLANDO, FL 32804 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: MGR ( ) Delete
Name: THERMONFILS I., JEAN-BAPTISTE
Address: 10627 N E 10 PL
City-St-Zip: MIAMI SHORES, FL 33138

Title: MGR (X) Delete
Name: VILSAINT, SPARKY
Address: 1534 PRESIDIO DR
City-St-Zip: CLERMONT, FL 34711

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BIVINS, NATALY O
Address: 4809 TAM DR
City-St-Zip: ORLANDO, FL 32808

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: NB MGR 01/23/2009

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