2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000099192

12506 CAMBRIDGE AVE

TAMPA, FL 33624 US

Address:

City-St-Zip:

Entity Name: 1ST AUTO AND HOME INSURANCE, LLC

FILED Apr 20, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
110 WEST TAMPA, F	FLETCHER A L 33612 U			
Current Mailing Address:			New Mailing Address:	
110 WEST TAMPA, F	FLETCHER / L 33612 U	_		
FEI Number	: 26-1205056	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
12506 CAÍ TAMPA, F		S	ourpose of changing its register	ed office or registered agent, or both
	e of Florida.	oddinio tino otatoment for the p	our pood or enanging he regioners	ou omee or regionered agent, or bear
SIGNATUI	RE:			
	Electro	nic Signature of Registered Ag	ent	Date
MANAGING MEMBERS/MANAGERS:			ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM (CREVIER, JEN 12506 CAMBR TAMPA, FL 33	IDGE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (CREVIER, CAF 12506 CAMBR TAMPA, FL 33	IDGE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGRM (CREVIER, CHI 12506 CAMBR TAMPA, FL 33	IDGE AVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	MGRM (BURNETTE, C) Delete RYSTAL	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: JENNIFER CREVIER MGMR 04/20/2009