

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104467

FILED
Mar 11, 2009
Secretary of State

Entity Name: FIRST FLORIDIAN INSURANCE SERVICES, LLC

Current Principal Place of Business:

1533 SOUTH DALE MABRY HWY
TAMPA, FL 33629

New Principal Place of Business:

Current Mailing Address:

1533 SOUTH DALE MABRY HWY
TAMPA, FL 33629

New Mailing Address:

FEI Number: 45-0577519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHARLES, MANES
20612 WHITEBUD COURT
TAMPA, FL 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: CHARLES, MANES
Address: 1533 SOUTH DALE MABRY HWY
City-St-Zip: TAMPA, FL 33629

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: CHARLES, MANES
Address: 1533 SOUTH DALE MABRY HWY
City-St-Zip: TAMPA, FL 33629

Title: VP () Change (X) Addition
Name: RAPHAEL, MARIE M
Address: 20612 WHITEBUD CT
City-St-Zip: TAMPA, FL 33647

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: MANES CHARLES

CEO

03/11/2009

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