2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# L07000104759

Entity Name: GENERATION INSURANCE LLC

Current Principal Place of Business:

5775 5TH AVE N
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

5775 5TH AVE N
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 26-1251416 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

YOUNG, SEAN
9203 SEA OAKS CT
SEMINOLE, FL 33776 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: WEAVER, CHRIS
Address: 4290 68TH AVE N
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM ( ) Delete
Name: RUNYON, TIM
Address: 7138 77TH ST
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGRM ( ) Delete
Name: YOUNG, SEAN
Address: 9203 SEA OAKS CT
City-St-Zip: SEMINOLE, FL 33776

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SEAN YOUNG MGRM 02/17/2009

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