

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000113314

FILED
Apr 30, 2009
Secretary of State

Entity Name: FLA INSURANCE GROUP, LLC

Current Principal Place of Business:

2955 SE 3RD COURT
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2955 SE 3RD COURT
OCALA, FL 34471

New Mailing Address:

FEI Number: 75-3259721

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAGIDIPATI, RUDRAMA
2955 SE 3RD COURT
OCALA, FL 34471 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: PAGIDIPATI, RUDRAMA
Address: 2955 SE 3RD COURT
City-St-Zip: OCALA, FL 34471

Title: MGR () Delete
Name: WOOD, JEFFREY
Address: 1336 SE 32ND ST
City-St-Zip: OCALA, FL 34471

Title: MRG () Delete
Name: PAGIDIPATI, RAHULDEV
Address: 1331 SW 42ND STREET
City-St-Zip: OCALA, FL 34474

Title: MGR () Delete
Name: PAGIDIPATI, SRUJANI
Address: 1331 SW 42ND STREET
City-St-Zip: OCALA, FL 34474

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:

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: RUDRAMA PAGIDIPATI

MGRM

04/30/2009

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