

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000115204

FILED
Mar 20, 2009
Secretary of State

Entity Name: ADVISOR INSURANCE GROUP, LLC

Current Principal Place of Business:

919 CLEARCREEK DR.
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

919 CLEARCREEK DR.
TAMPA, FL 33613

New Mailing Address:

FEI Number: 26-1410153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RHOMBERG, DONALD M
15601 GARDENSIDE LANE
TAMPA, FL 33624 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: RHOMBERG, DONALD M
Address: 15601 GARDENSIDE LANE
City-St-Zip: TAMPA, FL 33624

Title: MGRM () Delete
Name: MANDIA, VICTOR
Address: 919 CLEARCREEK DR.
City-St-Zip: TAMPA, FL 33613

ADDITIONS/CHANGES:

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: DONALD M RHOMBERG

MGRM

03/20/2009

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