

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000117900

FILED
Mar 06, 2009
Secretary of State

Entity Name: GLOBAL INSURANCE GROUP, LLC

Current Principal Place of Business:

1750 UNIVERSITY DRIVE
SUITE 107
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

1750 UNIVERSITY DRIVE
SUITE 107
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 74-3242048

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMELDORPH, HOWARD R JR
7648 LOCKWOOD RIDGE ROAD
SARASOTA, FL 34243 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: GUCCIARDI, THOMAS
Address: 1750 UNIVERSITY DRIVE, SUITE 107
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR () Delete
Name: KRAKOW, ROBERT M
Address: 1750 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR (X) Delete
Name: BARCSA, TAMMY
Address: 1750 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: BARCSA, TAMMY
Address: 1750 UNIVERSITY DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

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: THOMAS GUCCIARDI

MMGR

03/06/2009

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