

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121481

**FILED**  
**Mar 30, 2009**  
**Secretary of State**

**Entity Name:** STUDENT INSURANCE GROUP LLC

**Current Principal Place of Business:**

18902 PLACE MARQUETTE  
LUTZ, FL 33558

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 21047  
TAMPA, FL 336221047

**New Mailing Address:**

FEI Number: 26-2481239

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LYNN, WAYNE  
18902 PLACE MARQUETTE  
LUTZ, FL 33558 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: LYNN, WAYNE  
Address: 18902 PLACE MARQUETTE  
City-St-Zip: LUTZ, FL 33558

**ADDITIONS/CHANGES:**

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: WAYNE LYNN

MGRM

03/30/2009

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