

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000124599

FILED
Mar 11, 2009
Secretary of State

Entity Name: BUENO & LAURENZA INSURANCE GROUP, LLC

Current Principal Place of Business:

360 WILSHIRE BLVD, 112
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

360 WILSHIRE BLVD, 112
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 26-1586437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOMEZ-LAURENZA, JOSE
360 WILSHIRE BLVD., STE 112
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

LAURENZA, JOSE
360 WILSHIRE BLVD., STE 112
CASSELBERRY, FL 32707 US

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: JOSE LAURENZA

03/11/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: BUENO, ANA Y
Address: 5043 SHOREWOOD LANDING LN
City-St-Zip: OVIEDO, FL 32765

Title: MGRM () Delete
Name: GOMEZ-LAURENZA, JOSE
Address: 2660 HORNLAKE CIR
City-St-Zip: OCOEE, FL 34761

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LAURENZA, JOSE
Address: 2660 HORNLAKE CIR
City-St-Zip: OCOEE, FL 34761

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: JOSE LAURENZA

MGRM

03/11/2009

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