

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001755

FILED
Apr 29, 2009
Secretary of State

Entity Name: JOACHIM INSURANCE GROUP, LLC

Current Principal Place of Business:

9251 S. ORANGE BLOSSOM TRAIL
3
ORLANDO, FL 32837

New Principal Place of Business:

Current Mailing Address:

9525 FITZSIMMONS DR
ORLANDO, FL 32817

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JOACHIM, LAWENS
9525 FITZSIMMONS DR
ORLANDO, FL 32817 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: MGR () Delete
Name: JOACHIM, LAWENS
Address: 9525 FITZSIMMONS DR
City-St-Zip: ORLANDO, FL 32817

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: JOACHIM, ARRY
Address: 9525 FITZSIMMONS DR
City-St-Zip: ORLANDO, FL 32817

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: LAWENS JOACHIM

MGR

04/29/2009

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