

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000004601

FILED
Jun 17, 2009
Secretary of State

Entity Name: TOTAL INSURANCE GROUP LLC

Current Principal Place of Business:

523 W COLONIAL DR
1ST FLOOR
ORLANDO, FL 32804 US

New Principal Place of Business:

Current Mailing Address:

523 W COLONIAL DR
1ST FLOOR
ORLANDO, FL 32804 US

New Mailing Address:

FEI Number: 26-1746472 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CONDE, VICENTE
2881 ASHTON TERRACE
OVIEDO, FL 32765 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: CONDE, VICENTE
Address: 2881 ASHTON TERRACE
City-St-Zip: OVIEDO, FL 32765 US

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CONDE, VICENTE
Address: 2881 ASHTON TERRACE
City-St-Zip: OVIEDO, FL 32765 US

Title: MGRM () Change (X) Addition
Name: WERNLE, EDWARD
Address: 2173 SEAPORT CIRCLE UNIT 101
City-St-Zip: WINTER PARK, FL 32780 US

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: VICENTE CONDE

MGRM

06/17/2009

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