

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000004601

**FILED**  
**Jan 11, 2010**  
**Secretary of State**

**Entity Name:** TOTAL INSURANCE GROUP LLC

**Current Principal Place of Business:**

5050 S HIGHWAY 17-92  
STE 107  
CASSELBERRY, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 180577  
CASSELBERRY, FL 32718

**New Mailing Address:**

5050 S HIGHWAY 17-92  
STE 107  
CASSELBERRY, FL 32792 US

**FEI Number:** 26-1746472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CONDE, VICENTE  
2881 ASHTON TERRACE  
OVIEDO, FL 32765 US

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

WERNLE, EDWIN F  
2173 SEAPORT CIRCLE  
101  
WINTER PARK, FL 32792 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: EDWIN F WERNLE

01/11/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WERNLE, EDWIN F  
Address: 2173 SEAPORT CIRCLE #101  
City-St-Zip: WINTER PARK, FL 32792 US

I hereby 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: EDWIN F WERNLE

MGRM

01/11/2010

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