

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011155

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: INSURANCE AFFILIATES AGENCY, LLC

**Current Principal Place of Business:**

201 S. ORANGE AVE., SUITE 1000  
ORLANDO, FL 32801

**New Principal Place of Business:**

189 S. ORANGE AVE., SUITE 970  
ORLANDO, FL 32801

**Current Mailing Address:**

201 S. ORANGE AVE., SUITE 1000  
ORLANDO, FL 32801

**New Mailing Address:**

189 S. ORANGE AVE., SUITE 970  
ORLANDO, FL 32801

FEI Number: 26-2572446

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION COMPANY OF ORLANDO  
300 SOUTH ORANGE AVE., SUITE 1000 (RJ)  
ORLANDO, FL 328015403 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

**ADDITIONS/CHANGES:**

Title: MEMB ( ) Change (X) Addition  
Name: NUNZIATA, SAL A  
Address: 189 S. ORANGE AVE., SUITE 970  
City-St-Zip: ORLANDO, FL 32801

Title: MEMB ( ) Change (X) Addition  
Name: NUNZIATA, ROBERT G  
Address: 189 S. ORANGE AVE., SUITE 970  
City-St-Zip: ORLANDO, FL 32801

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: SAL A NUNZIATA

MGR

04/23/2009

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