## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000032036

Entity Name: MARTUS INSURANCE, LLC

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5511 NE 20TH AVE. 7475 NE 33RD CT.
OCALA, FL 34479 US OCALA, FL 34479 US

Current Mailing Address: New Mailing Address:

5511 NE 20TH AVE. P. O. BOX 160

OCALA, FL 34479 US ANTHONY, FL 32617 US

FEI Number: 26-2287553 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

HUNTER, RHONDA G
5511 NE 20TH AVE.
OCALA, FL 34479 US
HUNTER, RHONDA G
7475 NE 33RD CT.
OCALA, FL 34479 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: 03/20/2009

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

itle: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 HUNTER, RHONDA G
 Name:
 HUNTER, RHONDA G

 Address:
 5511 NE 20TH AVE.
 Address:
 P. O. BOX 160

 City-St-Zip:
 OCALA, FL 34479 US
 City-St-Zip:
 ANTHONY, FL 32617 US

 Address:
 5511 NE 20TH AVE.
 Address:
 P. O. BOX 160

 City-St-Zip:
 OCALA, FL 34479 US
 City-St-Zip:
 ANTHONY, FL 32617 US

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 HUNTER, WESLEY
 Name:
 HUNTER, WESLEY

 Address:
 5511 NE 20TH AVE.
 Address:
 P. O. BOX 160

City-St-Zip: OCALA, FL 34479 US City-St-Zip: ANTHONY, FL 32617 US

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition Name: WINTERBAUER, CYNTHIA J Name:

 Name:
 WINTERBAUER, CYNTHIA J
 Name:

 Address:
 6020 NW 57TH AVE.
 Address:

 City-St-Zip:
 OCALA, FL 34482 US
 City-St-Zip:

 Name:
 WINTERBAUER, JAMES M
 Name:

 Address:
 6020 NW 57TH AVE.
 Address:

 City-St-Zip:
 OCALA, FL 34482 US
 City-St-Zip:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

 Name:
 HUNTER, JAMES W
 Name:
 HUNTER, JAMES W

 Address:
 5511 NE 20TH AVE.
 Address:
 P. O. BOX 160

 City-St-Zip:
 OCALA, FL 34479
 City-St-Zip: ANTHONY, FL 32617

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: RHONDA G. HUNTER MGR 03/20/2009