2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2009
Secretary of State

DOCUMENT# L08000032320

Entity Name: MARQUIS INSURANCE, LLC

Current Principal Place of Business:

3001 OCEAN DRIVE STE 201
VERO BEACH, FL 32963

New Principal Place of Business:

Current Mailing Address:

3001 OCEAN DRIVE STE 201
VERO BEACH, FL 32963

New Mailing Address:

FEI Number: 30-0473807 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID J. POWERS, P.A.
7777 GLADES RD
STE 300
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

KRIENER, WILLIAM E
3001 OCEAN DRIVE STE 201
VERO BEACH, FL 32963 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: WILLIAM E. KRIENER 01/09/2009
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: KRIENER, WILLIAM E OWNER
Address: 3001 OCEAN DRIVE STE 201
City-St-Zip: VERO BEACH, FL 32963

Title: MEMB ( ) Change (X) Addition
Name: FRAZIER, GARY W OWNER
Address: 3001 OCEAN DRIVE STE 201
City-St-Zip: VERO BEACH, FL 32963

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: WILLIAM E. KRIENER MEMB 01/09/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date