

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000033296

**FILED**  
**Jan 19, 2009**  
**Secretary of State**

**Entity Name:** FLORIDA INTEGRITY INSURANCE GROUP, LLC

**Current Principal Place of Business:**

100 EBBTIDE DRIVE  
NORTH PALM BEACH, FL 33408

**New Principal Place of Business:**

2240 PALM BEACH LAKES BLVD SUITE  
SUITE 400K  
WEST PALM BEACH, FL 33409

**Current Mailing Address:**

100 EBBTIDE DRIVE  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

2240 PALM BEACH LAKES BLVD SUITE  
SUITE 400K  
WEST PALM BEACH, FL 33409

**FEI Number:** 80-0169637

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

NORRIS, DAVID B  
712 U.S. HIGHWAY ONE  
STE 400  
NORTH PALM BEACH, FL 33408 US

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

JAMES KING  
2240 PALM BEACH LAKES BLVD  
SUITE 400K  
WEST PALM BEACH, FL 33409 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: JAMES KING

01/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MULLER, LOIS  
Address: 100 EBBTIDE DRIVE  
City-St-Zip: NORTH PALM BEACH, FL 33408

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: KING, JAMES  
Address: 2240 PALM BEACH LAKES BLVD  
City-St-Zip: WEST PALM BEACH, FL 33409

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: JAMES KING

MGRM

01/19/2009

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