2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# L08000045193

Entity Name: THE UNINSURED ALMOURS GROUP, LLC

Current Principal Place of Business:

4214 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210

New Principal Place of Business:

4495 ROOSEVELT BLVD SUITE 304
JACKSONVILLE, FL 32210

Current Mailing Address:

4214 ORTEGA FOREST DRIVE
JACKSONVILLE, FL 32210

New Mailing Address:

4495 ROOSEVELT BLVD SUITE 304
JACKSONVILLE, FL 32210

FEI Number: 26-2559965 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRAZIER, CLARENCE F
1548 LANCASTER TERRACE
JACKSONVILLE, FL 32204 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:

ADDITIONS/CHANGES:

Title: MR. ( ) Change (X) Addition
Name: MAHONEY, RANDOLPH B MANAGER
Address: 4495 ROOSEVELT BLVD SUITE 304
City-St-Zip: JACKSONVILLE, FL 32210

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: RANDOLPH B MAHONEY MR. 04/01/2009

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