

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050002

FILED
Apr 20, 2011
Secretary of State

Entity Name: STATE INSURANCE GROUP, LLC

Current Principal Place of Business:

901 SW MARTIN DOWNS BLVD
PALM CITY, FL 34990

New Principal Place of Business:

Current Mailing Address:

PO BOX 2354
STUART, FL 34995

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, CHUCK
901 SW MARTIN DOWNS BLVD
PALM CITY, FL FL 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: MM
Name: WARREN, LAURA
Address: 901 SW MARTIN DOWNS BLVD, SUITE 200E
City-St-Zip: PALM CITY, FL 34990

I hereby 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: LAURA WARREN

P

04/20/2011

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