

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051951

FILED
Apr 29, 2009
Secretary of State

Entity Name: 1ST PROTECTION INSURANCE GROUP LLC

Current Principal Place of Business:

10380 SW VILLAGE CENTER DR
#194
PORT ST LUCIE, FL 34987 US

Current Mailing Address:

10380 SW VILLAGE CENTER DR
#194
PORT ST LUCIE, FL 34987 US

New Principal Place of Business:

600 SW DARWIN BLVD
206
PORT ST LUCIE, FL 34953 US

New Mailing Address:

600 SW DARWIN BLVD
206
PORT ST LUCIE, FL 34953 US

FEI Number: 26-2706157

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDMAN, BRIAN
10380 SW VILLAGE CENTER DR
#194
PORT ST LUCIE, FL 34987 US

Name and Address of New Registered Agent:

FELDMAN, BRIAN
600 SW DARWIN BLVD
206
PORT ST LUCIE, FL 34953 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: BRIAN FELDMAN

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FELDMAN, BRIAN
Address: 10380 SW VILLAGE CENTER DR #194
City-St-Zip: PORT ST LUCIE, FL 34987 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FELDMAN, BRIAN
Address: 600 SW DARWIN BLVD SUITE 206
City-St-Zip: PORT ST LUCIE, FL 34953 US

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: BRIAN FELDMAN

PRES

04/29/2009

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