

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051951

FILED
Sep 13, 2010
Secretary of State

Entity Name: 1ST PROTECTION INSURANCE GROUP LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
600 SW DARWIN BLVD
206
PORT ST LUCIE, FL 34953 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: MGRM
Name: FELDMAN, BRIAN
Address: 600 SW DARWIN BLVD SUITE 206
City-St-Zip: PORT ST LUCIE, FL 34953 US

Title: MGRM
Name: FELDMAN, AMBER
Address: 600 SW DARWIN BLVD SUITE 206
City-St-Zip: PORT ST LUCIE, FL 34953

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: BRIAN FELDMAN

MGMR

09/13/2010

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