

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000066076

FILED
Apr 27, 2009
Secretary of State

Entity Name: HORIZON INSURANCE MANAGERS, LLC

Current Principal Place of Business:

210 SOUTH PINELLAS AVENUE
152
TARPON SPRINGS, FL 34689

New Principal Place of Business:

Current Mailing Address:

210 SOUTH PINELLAS AVENUE
152
TARPON SPRINGS, FL 34689

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

LEE, THORLIN A
210 SOUTH PINELLAS AVENUE
152
TARPON SPRINGS, FL 34689 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 () Delete
Name: LEE, THORLIN A
Address: 210 SOUTH PINELLAS AVE. STE 152
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: SERFASS, DAVID D
Address: 210 SOUTH PINELLAS AVE. STE. 152
City-St-Zip: TARPON SPRINGS, FL 34689

Title: MGRM () Delete
Name: PERRINE, PETER
Address: 210 SOUTH PINELLAS AVE. STE. 152
City-St-Zip: TARPON SPRINGS, FL 34689

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: DANIEL MCREDMOND

CFO

04/27/2009

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