

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000071697

FILED
Apr 02, 2009
Secretary of State

Entity Name: GLOVER GROUP COMMERCIAL INSURANCE, LLC

Current Principal Place of Business:

1953 THOMASVILLE ROAD, SUITE 101
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

1953 THOMASVILLE ROAD, SUITE 101
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 35-2343587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GLOVER, JOSHUA N
1953 THOMASVILLE ROAD, SUITE 101
TALLAHASSEE, FL 32303 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: GLOVER, JOSHUA N
Address: 1953 THOMASVILLE ROAD, SUITE 101
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: GLOVER, MICHAEL T JR.
Address: 4006 S. MACDILL
City-St-Zip: TAMPA, FL 33611

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: JOSHUA N. GLOVER

MGRM

04/02/2009

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