

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080274

FILED
Mar 11, 2009
Secretary of State

Entity Name: AZURE INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

1500 SAN REMO AVENUE
247
CORAL GABLES, FL 33146 US

New Principal Place of Business:

Current Mailing Address:

1500 SAN REMO AVENUE
247
CORAL GABLES, FL 33146 US

New Mailing Address:

FEI Number: 26-3221571

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELGADO, LINA M
9554 S.W. 125TH TERRACE
MIAMI, FL 33176 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: DELGADO, LINA M
Address: 9554 S.W. 125TH TERRACE
City-St-Zip: MIAMI, FL 33176 US

Title: MGRM () Delete
Name: MORALES, MARIA V
Address: 1811 S.W. 99TH COURT
City-St-Zip: MIAMI, FL 33165 US

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

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: RISK & RE-INSURANCE SOLUTIONS CORP.
Address: 1500 SAN REMO AVENUE, SUITE 247B
City-St-Zip: CORAL GABLES, FL 33146 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: LINA DELGADO

MGR

03/11/2009

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