

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082917

FILED  
Jul 31, 2009  
Secretary of State

Entity Name: CIA INSURANCE GROUP, LLC

## Current Principal Place of Business:

2001 W BUSCH BLVD  
STE A  
TAMPA, FL 33612 US

## New Principal Place of Business:

13795 N NEBRASKA AVE  
TAMPA, FL 33613 US

## Current Mailing Address:

2001 W BUSCH BLVD  
STE A  
TAMPA, FL 33612 US

## New Mailing Address:

13795 N NEBRASKA AVE  
TAMPA, FL 33613 US

FEI Number: 26-3319092      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

CONTRACTORS REPORTING SERVICE INC  
2001 W BUSCH BLVD  
STE A  
TAMPA, FL 33612 US

## Name and Address of New Registered Agent:

CONTRACTORS REPORTING SERVICE INC  
13795 N NEBRASKA AVE  
TAMPA, FL 33613 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: ROMAN ALBANO

07/31/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: ALBANO, JOY I  
Address: 2001 W BUSCH BLVD STE A  
City-St-Zip: TAMPA, FL 33612 US

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

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: ALBANO, JOY I  
Address: 13795 N NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33613 US

Title: MGRM ( ) Change (X) Addition  
Name: ALBANO, ROMAN F  
Address: 13795 N NEBRASKA AVE  
City-St-Zip: TAMPA, FL 33613 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: ROMAN ALBANO

MGRM

07/31/2009

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