

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000087603

Entity Name: SH INSURANCE, LLC

FILED
Jun 29, 2009
Secretary of State

Current Principal Place of Business:

17291 SW 12TH STREET
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

17291 SW 12TH STREET
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 26-3446239 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:

Name and Address of New Registered Agent:

HERNANDEZ, SANDRA L
17291 SW 12TH STREET
PEMBROKE PINES, FL 33029 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HERNANDEZ, SANDRA L
Address: 17291 SW 12TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

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: SANDRA HERNANDEZ

MGRM

06/29/2009

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