2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000094390

Entity Name: M.MG INSURANCE AGENCY, LLC

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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4201 WEST GATE AVE SUITE A4 4201 WEST GATE AVE WEST PALM BEACH, FL 33409

SUITE A-4

WEST PALM BEACH, FL 33409

Current Mailing Address: New Mailing Address:

4201 WEST GATE AVE SUITE A4 WEST PALM BEACH, FL 33409

FEI Number: 26-3613695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GAMINARA, MARIO 4201 WEST GATE AVE SUITE A4 WEST PALM BEACH, FL 33409 US

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: (X) Change () Addition () Delete

GAMINARA, MARIO GAMINARA, MARIO C Name: Name: Address: 4201 WEST GATE AVE SUITE A4 Address: 4201 WEST GATE AVE SUITE A4

City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: WEST PALM BEACH, FL 33409

Title: () Delete Title: () Change (X) Addition

Name: Name: GAMINARA, MARIA P Address: Address: 4201 WESTGATE AVE # A-4 City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33409

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: MARIO C GAMINARA 04/24/2009