2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2010
Secretary of State

DOCUMENT# L08000098745

Entity Name: COMMONWEALTH INSURANCE GROUP, LLC

Current Principal Place of Business:

4201 SHADOW CREEK CIRCLE
OVIEDO, FL 32765

New Principal Place of Business:

Current Mailing Address:

4201 SHADOW CREEK CIRCLE
OVIEDO, FL 32765

New Mailing Address:

FEI Number: 26-3576450 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GENTILE, NICHOLAS S
4201 SHADOW CREEK CIRCLE
OVIEDO, FL 32765 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: MGR
Name: GENTILE, NICHOLAS S
Address: 4201 SHADOW CREEK CIRCLE
City-St-Zip: OVIEDO, FL 32765

Title: MGR
Name: GENTILE, HEATHER J
Address: 4201 SHADOW CREEK CIRCLE
City-St-Zip: OVIEDO, FL 32765

I hereby 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 Statues.

SIGNATURE: NICHOLAS GENTILE MGR 02/05/2010

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