

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102448

FILED
Feb 06, 2009
Secretary of State

Entity Name: PARAMOUNT INSURANCE GROUP, LLC

Current Principal Place of Business:

401 SW 89 CT
MIAMI, FL 33174

New Principal Place of Business:

12223 SW 132 CT
4
MIAMI, FL 33186

Current Mailing Address:

401 SW 89 CT
MIAMI, FL 33174

New Mailing Address:

12223 SW 132 CT
4
MIAMI, FL 33186

FEI Number: 80-0293419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MENDEZ, JOEL L
401 SW 89 CT
MIAMI, FL 33174 US

Name and Address of New Registered Agent:

MENDEZ, JOEL L
3720 SW 129 AVE
MIAMI, FL 33175 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: JOEL L. MENDEZ

02/06/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: MR. () Change (X) Addition
Name: MENDEZ, JOEL L MGR
Address: 3720 SW 129 AVE
City-St-Zip: MIAMI, FL 33175 MD

Title: MS. () Change (X) Addition
Name: GONZALEZ, MIRTA A MGR
Address: PO BOX 65-3212
City-St-Zip: MIAMI, FL 33265 MD

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: JOEL L. MENDEZ

MGR

02/06/2009

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