

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104675

Entity Name: E-INSURANCEONLINE, LLC

FILED
Jan 14, 2009
Secretary of State

Current Principal Place of Business:

1860 WEST AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

1860 WEST AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

FEI Number: 26-3714619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEON, CARLOS
1860 WEST AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

LEON, CARLOS C ESQ.
1860 WEST AVENUE
1860 WEST AVE
MIAMI BEACH, FL 33139 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: CARLOS ALBERTO LEON

01/14/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LEON, CARLOS
Address: 1860 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: FREIRE, JOSEPH
Address: 1860 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM () Delete
Name: CIECERO, MATTHEW
Address: 1860 WEST AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLOS ALBERTO LEON

MGM

01/14/2009

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