

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L08000109576

FILED
Aug 06, 2009
Secretary of State**Entity Name:** TORRES INSURANCE GROUP LLC**Current Principal Place of Business:**8750 NW 36 STREET
SUITE 240
MIAMI, FL 33178**New Principal Place of Business:**3750 NW 87TH AVE
SUITE 250
DORAL, FL 33178**Current Mailing Address:**8750 NW 36 STREET
SUITE 240
MIAMI, FL 33178**New Mailing Address:**3750 NW 87TH AVE
SUITE 250
DORAL, FL 33178**FEI Number:** 26-3781414**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TORRES, FRANCISCO
8750 NW 36 STREET
SUITE 240
MIAMI, FL FL 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: MGRM () Delete
Name: TORRES, FRANCISCO
Address: 7740 SW 75 TERRACE
City-St-Zip: MIAMI, FL 33143Title: VP () Delete
Name: TORRES SR., FRANCISCO A
Address: 7740 SW 75 TERRACE
City-St-Zip: MIAMI, FL 33143Title: VP () Delete
Name: TORRES, JAVIER A
Address: 5041 NW 93RD DORAL CIR. E
City-St-Zip: MIAMI, FL 33178**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: JAVIER TORRES

VP

08/06/2009

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