

**2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

**FILED  
Mar 03, 2011  
Secretary of State**

DOCUMENT# L08000109576

Entity Name: TORRES INSURANCE GROUP LLC

**Current Principal Place of Business:**

3750 NW 87TH AVE  
SUITE 250  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

3750 NW 87TH AVE  
SUITE 250  
DORAL, FL 33178

**New Mailing Address:**

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:**

BUSINESS ACCOUNTING PROFESSIONALS CORP  
17670 NW 78 AVE  
SUITE 208  
MIAMI, FL 33015 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: DIEGO SOTO

03/03/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: TORRES, FRANCISCO A JR  
Address: 7740 SW 75 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: VP  
Name: TORRES SR., FRANCISCO A  
Address: 7740 SW 75 TERRACE  
City-St-Zip: MIAMI, FL 33143

Title: VP  
Name: TORRES, YOLANDA  
Address: 5041 NW 93RD DORAL CIR. E  
City-St-Zip: MIAMI, FL 33178

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 Statutes.

SIGNATURE: FRANCISCO TORRES

MGRM

03/03/2011

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