

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027662

FILED
Apr 29, 2010
Secretary of State

Entity Name: INDEMNITY ASSURANCE GROUP LLC

Current Principal Place of Business:

17890 NE 31 CT.
#3332
AVENTURA, FL 33160

New Principal Place of Business:

17890 NE 31 COURT
3332
AVENTURA, FL 33160

Current Mailing Address:

POBOX 279151
MIRAMAR, FL 33027

New Mailing Address:

17890 NE 31 COURT
3332
AVENTURA, FL 33160

FEI Number: 26-4656185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CLASE, DEBORAH
17890 NE 31 CT.
#3332
AVENTURA, FL 33160 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: CLASE, DEBORAH
Address: 17890 NE 31 COURT, #3332
City-St-Zip: AVENTURA, FL 33160

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: DEBORAH CLASE

MGR

04/29/2010

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