

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000027662

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**Entity Name:** INDEMNITY ASSURANCE GROUP LLC

**Current Principal Place of Business:**

17890 NE 31 COURT  
3332  
AVENTURA, FL 33160

**New Principal Place of Business:**

17890 NE 31 COURT  
3314  
AVENTURA, FL 33160

**Current Mailing Address:**

17890 NE 31 COURT  
3332  
AVENTURA, FL 33160

**New Mailing Address:**

17890 NE 31 COURT  
3314  
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:**

CLASE, DEBORAH  
17890 NE 31 CT.  
#3314  
AVENTURA, FL 33160 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: DEBORAH CLASE

02/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: CLASE, DEBORAH  
Address: 17890 NE 31 COURT, #3314  
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

02/22/2011

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