

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000045969

FILED
Apr 23, 2010
Secretary of State

Entity Name: CAPE CORAL INSURANCE GROUP LLC

Current Principal Place of Business:

4529 SE 16TH PL. #103
CAPE CORAL, FL 33904

New Principal Place of Business:

Current Mailing Address:

4529 SE 16TH PL. #103
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 26-4813084

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARNDT, CRAIG
16586 N DALE MABRY HWY
TAMPA, FL 33618 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
Name: MICHAEL SCHNEIDER-CHRISTIANS
Address: 3306 SE 22ND AVENUE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM
Name: VERENA SCHNEIDER-CHRISTIANS
Address: 3306 SE 22ND AVE
City-St-Zip: CAPE CORAL, FL 33904

Title: MGRM
Name: ARNDT, CRAIG
Address: 19113 ST EMILLION CT
City-St-Zip: LUTZ, FL 33558

Title: MGRM
Name: ARNDT, VANESSA
Address: 19113 ST EMILLION CT
City-St-Zip: LUTZ, FL 33558

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: CRAIG ARNDT

PRES

04/23/2010

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