

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000120570

FILED
Apr 25, 2010
Secretary of State

Entity Name: LAURENZA INSURANCE GROUP, LLC

Current Principal Place of Business:

360 WILSHIRE BLVD.
STE 120
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

360 WILSHIRE BLVD.
STE 120
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 27-1513180

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAURENZA, JOSE
360 WILSHIRE BLVD
STE 120
CASSELBERRY, FL 32707 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: LAURENZA, JOSE
Address: 2660 HORNLAKE CIR
City-St-Zip: OCOEE, FL 32707

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: JOE LAURENZA

MGRM

04/25/2010

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