2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2011
Secretary of State

DOCUMENT# L09000120570

Entity Name: LAURENZA INSURANCE GROUP, LLC

Current Principal Place of Business:

360 WILSHIRE BLVD.
STE 120
CASSELBERRY, FL 32707

New Principal Place of Business:

360 WILSHIRE BLVD.
STE 104
CASSELBERRY, FL 32707

Current Mailing Address:

360 WILSHIRE BLVD.
STE 120
CASSELBERRY, FL 32707

New Mailing Address:

360 WILSHIRE BLVD.
STE 104
CASSELBERRY, FL 32707

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:

LAURENZA, JOSE
360 WILSHIRE BLVD
STE 104
CASSELBERRY, FL 32707 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: JOE LAURENZA 04/18/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LAURENZA, JOSE
Address: 360 WILSHIRE BLVD SUITE 104
City-St-Zip: CASSELBERRY, 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 Statues.

SIGNATURE: JOE LAURENZA MGRM 04/18/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date