2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2011
Secretary of State

DOCUMENT# L10000027325

Entity Name: ASSOCIATION INSURANCE GROUP LLC

Current Principal Place of Business:

464 NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

464 NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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: POWERS, DEBRA
Address: 464 NORTH HARBOR CITY BLVD
City-St-Zip: MELBOURNE, FL 32935

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: DEBRA J. POWERS MGR 04/25/2011

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