

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000037201

**FILED**  
**Feb 05, 2011**  
**Secretary of State**

**Entity Name:** MARTIAL ARTS GROUP INSURANCE AGENCY, LLC

**Current Principal Place of Business:**

767 S. STATE RD. 7  
SUITE 15  
MARGATE, FL 33068

**New Principal Place of Business:**

**Current Mailing Address:**

767 S. STATE RD. 7  
SUITE 15  
MARGATE, FL 33068

**New Mailing Address:**

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

**Name and Address of Current Registered Agent:**

PRUE, DONALD  
767 S. STATE RD. 7  
SUITE 15  
MARGATE, FL 33068 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: PRUE, DONALD  
Address: 767 S. STATE RD 7, SUITE 15  
City-St-Zip: MARGATE, FL 33068

Title: MGRM  
Name: LANG, ROBERT  
Address: 767 S. STATE RD 7, SUITE 15  
City-St-Zip: MARGATE, FL 33068

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: DONALD PRUE                      MGRM                      02/05/2011

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