

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000111018

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** MD INSURANCE GROUP LLC

**Current Principal Place of Business:**

7413 OMEGA ST  
B  
WINTER PARK, FL 32792 US

**New Principal Place of Business:**

**Current Mailing Address:**

7413 OMEGA ST  
B  
WINTER PARK, FL 32792 US

**New Mailing Address:**

**FEI Number:** 32-0321537      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

MONTEAGUDO, MICHAEL L  
1197 GENEVA DR  
OVIDO, FL 32765 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:** MONTEAGUDO, MICHAEL L  
**Address:** 1197 GENEVA DR  
**City-St-Zip:** OVIDO, FL 32765 US

**Title:** MGRM  
**Name:** CESTERO, KATHLEEN N  
**Address:** 1197 GENEVA DR  
**City-St-Zip:** OVIDO, FL 32765 US

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: MICHAEL MONTEAGUDO

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04/29/2011

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