2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# L11000007219

Entity Name: COVERAGE ONE INSURANCE GROUP, LLC

Current Principal Place of Business:

6601 NW 14 STREET #11
PLANTATION, FL 33313

New Principal Place of Business:

6601 NW 14 STREET
#11
PLANTATION, FL 33313

Current Mailing Address:

21218 ST. ANDREWS BLVD. #753
BOCA RATON, FL 33433

New Mailing Address:

6601 NW 14 STREET
#11
PLANTATION, FL 33313

FEI Number: 27-4586642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ETTINGER, DAVID
6601 NW 14 STREET #11
PLANTATION, FL 33313 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: ETTINGER, DAVID
Address: 6601 NW 14 ST #11
City-St-Zip: PLANTATION, FL 33313

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: DAVID ETTINGER MGRM 02/07/2012

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