

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000006363

FILED  
Jan 20, 2009  
Secretary of State

**Entity Name:** BASS UNDERWRITERS OF FLORIDA, LLC

**Current Principal Place of Business:**

6951 W. SUNRISE BLVD.  
PLANTATION, FL 33313

**New Principal Place of Business:**

**Current Mailing Address:**

6951 W. SUNRISE BLVD.  
PLANTATION, FL 33313

**New Mailing Address:**

**FEI Number:** 65-0951872

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SASTRE, CESAR  
6951 W. SUNRISE BLVD.  
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 ( ) Delete  
Name: JACKSON, EDWARD  
Address: 6951 WEST SUNRISE BLVD  
City-St-Zip: PLANTATION, FL 33313

Title: MGRM ( ) Delete  
Name: ANDERTON, JOSEPH  
Address: 6951 WEST SUNRISE BLVD  
City-St-Zip: PLANTATION, FL 33313

Title: MGRM ( ) Delete  
Name: TURGEON, WILLIAM  
Address: 6951 WEST SUNRISE BLVD  
City-St-Zip: PLANTATION, FL 33313

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SANDRA JORAN

CFO

01/20/2009

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