

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003500

FILED
Jun 15, 2009
Secretary of State

Entity Name: INSURANCE SPECIALTY GROUP, LLC

Current Principal Place of Business:

2470 SATELLITE BLVD STE 130
DULUTH, GA 30096

New Principal Place of Business:

Current Mailing Address:

2470 SATELLITE BLVD STE 130
DULUTH, GA 30096

New Mailing Address:

FEI Number: 56-2357677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH, LTD
515 EAST PARK AVE
TALLAHASSEE, FL 32301 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 () Delete
Name: MURPHY, MICHAEL J
Address: 2470 SATELLITE BLVD STE 130
City-St-Zip: DULUTH, GA 30096

Title: MGR () Delete
Name: HARRELL, BRUCE
Address: 2470 SATELLITE BLVD STE 130
City-St-Zip: DULUTH, GA 30096

Title: MGR () Delete
Name: ROPPELT, RANDOLPH
Address: 2470 SATELLITE BLVD STE 130
City-St-Zip: DULUTH, GA 30096

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LIPPINCOTT, GRANT
Address: 2470 SATELLITE BLVD STE 130
City-St-Zip: DULUTH, GA 30096

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: BRUCE HARRELL

CEO

06/15/2009

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