

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000003871

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** SAFE HAVEN NATIONAL INSURANCE AGENCY LLC

**Current Principal Place of Business:**

27777 FRANKLIN ROAD, SUITE 1710  
SOUTHFIELD, MI 48034

**New Principal Place of Business:**

**Current Mailing Address:**

27777 FRANKLIN ROAD, SUITE 1710  
SOUTHFIELD, MI 48034

**New Mailing Address:**

**FEI Number:** 26-3051557

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MANAGEAMERICA INVESTMENT GROUP IV LLC  
Address: 36101 BOB HOPE DRIVE, SUITE ES 106  
City-St-Zip: RANCHO MIRAGE, CA 92270

**ADDITIONS/CHANGES:**

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: LORI HERRON

AVP

04/08/2009

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