2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000011938

Entity Name: C & B INSURANCE CONSULTANTS, LLC

FILED Mar 25, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8410 LAKE WORTH RD, STE 116 8401 LAKE WORTH RD, STE 120 LAKE WORTH, FL 33467

LAKE WORTH, FL 33467

Current Mailing Address: New Mailing Address:

8410 LAKE WORTH RD, STE 116 8401 LAKE WORTH RD, STE 120

LAKE WORTH, FL 33467 LAKE WORTH, FL 33467

FEI Number: 28-1878714 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BILBREY, CHRIS M BILBREY, CHRIS M

8410 LAKE WORTH RD, STE 116 8401 LAKE WORTH RD, STE 120 LAKE WORTH, FL 33467 LAKE WORTH, FL 33467

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: 03/25/2009

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGR Title: () Change () Addition () Delete

BILBREY, CHRIS Name: Name: Address: 4231 NW 55TH DR. Address: City-St-Zip: COCONUT CREEK, FL 33073 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

Name: OAKES, BRIAN D Name: Address: 16726 70TH STREET NORTH Address: City-St-Zip: LOXAHATACHEE, FL 33470 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: BRIAN D. OAKES **MGRM** 03/25/2009