

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000104072

Entity Name: CORNERSTONE INSURANCE SERVICES LLC

Current Principal Place of Business:

535 N STATE ROAD 7
MARGATE, FL 33063

Current Mailing Address:

4213 BEE RIDGE RD
SARASOTA, FL 34233

FEI Number: 45-3215529

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POLIVCHAK, M
4213 BEE RIDGE RD
SARASOTA, FL 34233 US

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

Authorized Person(s) Detail :

Title	MGRM	Title	MGRM
Name	POLIVCHAK, M	Name	SELF, S
Address	4213 BEE RIDGE RD	Address	4213 BEE RIDGE RD
City-State-Zip:	SARASOTA FL 34233	City-State-Zip:	SARASOTA FL 34233

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL POLIVCHAK

PRES

01/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date