

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000002279

**FILED**  
**Apr 25, 2006**  
**Secretary of State**

**Entity Name:** CORNERSTONE INSURANCE SERVICES, LLC

**Current Principal Place of Business:**

955 BOLENDER DRIVE  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 8049  
DELRAY BEACH, FL 33482 US

**New Mailing Address:**

**FEI Number:** 13-4233194

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FEMOGLIO, JAMES P  
223 NORTHEAST 5TH AVENUE  
DELRAY BEACH, FL 33483 US

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

DEERING, PAUL  
223 NORTHEAST 5TH AVENUE  
DELRAY BEACH, FL 33483 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: PAUL DEERING

04/25/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: WILSON, PATRICIA M  
Address: 955 BOLENDER DRIVE  
City-St-Zip: DELRAY BEACH, FL 33483

**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 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: PATRICIA WILSON

MGR

04/25/2006

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