

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000008737

FILED  
Feb 27, 2008  
Secretary of State

Entity Name: PRIVATE CLIENT INSURANCE SERVICES LLC

**Current Principal Place of Business:**

9736 COMMERCE CENTER COURT  
FORT MYERS, FL 33908

**New Principal Place of Business:**

**Current Mailing Address:**

9736 COMMERCE CENTER COURT  
FORT MYERS, FL 33908

**New Mailing Address:**

FEI Number: 57-1154335

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

HAWKINS, ELAINE A  
6642 DANIEL COURT  
FORT MYERS, FL 33908 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: HAWKINS, ELAINE A  
Address: 6642 DANIEL COURT  
City-St-Zip: FORT MYERS, FL 33908

Title: MGRM ( ) Delete  
Name: BREWER, WESLEY C JR  
Address: 15068 CLOVERDALE DRIVE  
City-St-Zip: FORT MYERS, FL 33919

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM (X) Change ( ) Addition  
Name: BREWER, WESLEY C JR  
Address: 15612 LIGHT BLUE CIRCLE  
City-St-Zip: FORT MYERS, FL 33908

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: ELAINE A HAWKINS

PRES

02/27/2008

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