

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055411

FILED
Jan 03, 2007
Secretary of State

Entity Name: CERTIFIED INSURANCE SERVICES, LLC

Current Principal Place of Business:

375 DOUGLAS AVENUE
2007
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

375 DOUGLAS AVENUE
2007
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 20-1386618

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIGELOW, DANA
375 DOUGLAS AVENUE
2007
ALTAMONTE SPRINGS, FL 32714 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: MGRM () Delete
Name: BIGELOW, DANA
Address: 2003 LAKE ALDEN DRIVE
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM () Delete
Name: HEMMING, GREGORY E
Address: 602 WOOD HOLLOW CT
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: BIGELOW, DANA
Address: 1508 LUCKY PENNIE WAY
City-St-Zip: APOPKA, FL 32712 US

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: GREGORY HEMMING

MGRM

01/03/2007

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