

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000055411

FILED
Jan 16, 2009
Secretary of State

Entity Name: CERTIFIED INSURANCE SERVICES, LLC

Current Principal Place of Business:

2636 W. ST. RD. 434
#112
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

2636 W. ST. RD. 434
#112
LONGWOOD, FL 32779

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
2636 WEST STATE RD 434
112
LONGWOOD, FL 32779 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: 1508 LUCKY PENNIE WAY
City-St-Zip: APOPKA, FL 32712 US

Title: MGRM () Delete
Name: HEMMING, GREGORY E
Address: 520 PRAKSID POINTE BLVD
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: HEMMING, GREGORY E
Address: 520 PARKSIDE POINTE BLVD
City-St-Zip: APOPKA, FL 32712 US

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: GREGORY HEMMING

MGRM

01/16/2009

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