2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2009
Secretary of State

DOCUMENT# L04000065675

Entity Name: CONSUMER SELECT INSURANCE, LLC

Current Principal Place of Business:

2750 CHANCELLORSVILLE DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

Current Mailing Address:

2750 CHANCELLORSVILLE DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

FEI Number: 20-1686343 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAJOIE, JOHN T
2750 CHANCELLORSVILLE DRIVE
TALLAHASSEE, FL 32312 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: FIRST AMERICAN TITLE, INSURANCE COM P ANY
Address: 2750 CHANCELLORSVILLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR ( ) Delete
Name: O'STEEN, LEWIS D
Address: 199 AVENUE B NW, STE. 200
City-St-Zip: WINTER HAVEN, FL 33881

ADDITIONS/CHANGES:

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

Title: MGR (X) Change ( ) Addition
Name: O'STEEN, LEWIS D
Address: 199 AVENUE B NW, STE. 300
City-St-Zip: WINTER HAVEN, FL 33881

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: LEWIS O'STEEN MGR 03/13/2009

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