

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000065675

FILED
Apr 01, 2010
Secretary of State

Entity Name: CONSUMER SELECT INSURANCE, LLC

Current Principal Place of Business:

2750 CHANCELLORSVILLE DRIVE
TALLAHASSEE, FL 32312

New Principal Place of Business:

199 AVENUE B NW
SUITE 300
WINTER HAVEN, FL 33881

Current Mailing Address:

2750 CHANCELLORSVILLE DRIVE
TALLAHASSEE, FL 32312

New Mailing Address:

199 AVENUE B NW
SUITE 300
WINTER HAVEN, FL 33881

FEI Number: 20-1686343

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

L.AJOIE, 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
Name: FIRST AMERICAN TITLE INSURANCE COMPANY
Address: 2750 CHANCELLORSVILLE DRIVE
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGR
Name: CAMPERLENGO, FRANK D
Address: 199 AVENUE B NW, STE. 300
City-St-Zip: WINTER HAVEN, FL 33881

Title: MGR
Name: CAMPERLENGO, FRANK
Address: 311 FELSPAR WAY
City-St-Zip: CARY, NC 27518

I hereby 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: FRANK D CAMPERLENGO

MGR

04/01/2010

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