


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2007 08:00 A
Secretary of State

DOCUMENT # L04000091431 1. Entity Name COMMERCIAL INSURANCE SOLUTIONS PARTNERS, LLC	
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Principal Place of Business
**475 LONGMEADOW LANE
LONGWOOD, FL 32779**

Mailing Address
**475 LONGMEADOW LANE
LONGWOOD, FL 32779**



02132007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2075346

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RITENOUR, HEATH J
475 LONGMEADOW LANE
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	RITENOUR, HEATH J
STREET ADDRESS	475 LONGMEADOW LANE
CITY-STATE-ZIP	LONGWOOD, FL 32779

TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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02/28/07-80106-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/14/07

Date

407-998-4167

Daytime Phone #