2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# L04000091431

Entity Name: COMMERCIAL INSURANCE SOLUTIONS PARTNERS, LLC

Current Principal Place of Business:

1855 W STATE RD 434
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

2141 ALAQUA DR
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-2075346 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RITENOUR, HEATH J
2141 ALAQUA DR
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: CEO
Name: RITENOUR, HEATH J
Address: 2141 ALAQUA DR
City-St-Zip: LONGWOOD, FL 32779

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 Statues.

SIGNATURE: HEATH RITENOUR CEO 01/05/2012

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