

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000787

FILED
Jan 06, 2007
Secretary of State

Entity Name: COMPREHENSIVE INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

11249 REGATTA LANE
WELLINGTON, FL 33467

New Principal Place of Business:

Current Mailing Address:

PO BOX 213368
ROYAL PALM BEACH, FL 33421

New Mailing Address:

11249 REGATTA LANE
WELLINGTON, FL 33467

FEI Number: 20-2093222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RIVERA, CLAUDIO
2801 PONCE DE LEON
STE. 1100
CORAL GABLES, FL 33134 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: GARCIA, LAZARO
Address: 11249 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM () Delete
Name: GARCIA, ELIZABETH
Address: 11249 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33467

ADDITIONS/CHANGES:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: LAZARO GARCIA

MGRM

01/06/2007

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