2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# L05000079989

Entity Name: MAINSAIL INSURANCE SOLUTIONS, LLC

Current Principal Place of Business:

12193 W LINEBAUGH AVE
TAMPA, FL 33626

New Principal Place of Business:

Current Mailing Address:

12193 W LINEBAUGH AVE
TAMPA, FL 33626

New Mailing Address:

FEI Number: 20-3310678 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: PIRONTI, DENISE S
Address: 19010 COUR ESTATES
City-St-Zip: LUTZ, FL 33558

Title: MGRM ( ) Delete
Name: PIRONTI, GEORGE R
Address: 19010 COUR ESTATES
City-St-Zip: LUTZ, FL 33558

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PIRONTI, DENISE S
Address: 12193 W LINEBAUGH
City-St-Zip: TAMPA, FL 33626

Title: MGRM (X) Change ( ) Addition
Name: PIRONTI, GEORGE R
Address: 12193 W LINEBAUGH AVE
City-St-Zip: TAMPA, FL 33626

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: DENISE STICKLE PIRONTI VP 04/23/2009

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