## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L05000119858

Address:

City-St-Zip:

Entity Name: PROTECTUS INSURANCE SERVICES, LLC

FILED Jan 08, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
194 N HW SUITE B CLERMON	Y 27 NT, FL 34711	US					
Current Mailing Address:			New Mailing Address:				
6160 SW I SUITE 116 OCALA, F	6	3					
FEI Number	: 20-4010430	FEI Number Applied For ( )	FEI Number Not Appl	licable ( )	Certificate of Status Desired (	)	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
HUTSON, 194 N HW SUITE B CLERMON		US					
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or	both	
SIGNATUI	RE:						
	Electron	ic Signature of Registered Age	ent		Date		
MANAGING	MEMBERS/MANA	GERS:	ADDITIONS/0	ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	MGR () HUTSON, JOHN 194 N HWY 27 CLERMONT, FI	SUITE B	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	HUTSON, JOI	ISLAND ROAD		
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	SECY ( HUTSON, ELI 194 N HWY 2 CLERMONT,	7 SUITE B		
Title:	( )	Delete	Title:		) Change (X) Addition		

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.

Address:

27066 WEST ISLAND ROAD

City-St-Zip: VALENCIA, CA 91355

SIGNATURE: JOHN E HUTSON MGR 01/08/2009