2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000029479

1. Entity Name CNB&T INSURANCE SERVICES, LLC

FILED
Apr 14, 2008 08:00 Al
Secretary of State

Principal Place of Business

SIGNATURE:

SIGNATURE AND TY

1201 S ORLANDO AVE, SUITE 410 C/O COMBS INSURANCE AGENCY WINTER PARK, FL 32789 Mailing Address

1201 S ORLANDO AVE, SUITE 410 C/O COMBS INSURANCE AGENCY WINTER PARK, FL 32789



02072008 No Chg-LLC

CR2E083 (12/07)

407.381.0612

4.	FEI Number		Applied For
	20-4542502		Not Applicable
5.	Certificate of Status Desired	\$5.00 Fee Req	Additional pulsed

6. Name and Address of Current Registered Agent

KILLGORE, FRANK H JR. 2 SOUTH ORANGE AVENUE, 5TH FLOOR KILLGORE, PEARLMAN, STAMP ORLANDO, FL 32801 DO NOT WRITE IN THIS SPACE

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				
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75						
9.	MANAGING MEMBERS/MANAGERS					
NAME STREET ADDRESS CITY-ST-ZIP	MGRM COMBS INSURANCE AGENCY 1201 S ORLANDO AVE, SUITE 410 WINTER PARK, FL 32789					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		U00000895778 04/24/08-80083-004 138.75				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE				
NAME STREET ADDRESS		IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Charles (SCO)					
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.						

ED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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