

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000060334

FILED
Jan 16, 2009
Secretary of State

Entity Name: CAPTIVE INSURANCE CONSULTING, LLC

Current Principal Place of Business:

445 13TH AVE NE
ST. PETERSBURG, FL 33701

New Principal Place of Business:

Current Mailing Address:

445 13TH AVE NE
ST. PETERSBURG, FL 33701

New Mailing Address:

FEI Number: 20-5032779

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JON K FRAZE, CPA, PA
4601 CENTRAL AVE
ST. PETERSBURG, FL 33713 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: HISLOP, JOHN
Address: 445 13TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGRM () Change (X) Addition
Name: HISLOP, DIANNA B
Address: 445 13TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33701

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: JOHN HISLOP

MGRM

01/16/2009

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