2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2010
Secretary of State

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Entity Name: CAPTIVE INSURANCE CONSULTING, LLC

Current Principal Place of Business:

445 13TH AVE NE
ST. PETERSBURG, FL 33701

New Principal Place of Business:

2653 MCCORMICK DR.
CLEARWATER, FL 33759

Current Mailing Address:

445 13TH AVE NE
ST. PETERSBURG, FL 33701

New Mailing Address:

2653 MCCORMICK DR.
CLEARWATER, FL 33759

FEI Number: 20-5032779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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
Name: HISLOP, JOHN
Address: 445 13TH AVE NE
City-St-Zip: ST. PETERSBURG, FL 33701

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

I hereby 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 Statues.

SIGNATURE: JOHN S. HISLOP PRES 05/03/2010

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