2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2009
Secretary of State

DOCUMENT# L06000107850

Entity Name: COLEMAN INSURANCE SERVICES, L.L.C.

Current Principal Place of Business:

29190 US HWY. 19 NORTH
CLEARWATER, FL 33761

New Principal Place of Business:

1255 BELCHER RD.
DUNEDIN, FL 34698

Current Mailing Address:

29190 US HWY. 19 NORTH
CLEARWATER, FL 33761

New Mailing Address:

1255 BELCHER RD.
DUNEDIN, FL 34698

FEI Number: 20-5900836 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLEMAN, WILLIAM
538 WILKIE ST
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

COLEMAN, WILLIAM
1431 HAGEN AVE
DUNEDIN, FL 34698 US

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: WILLIAM J. COLEMAN 08/24/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COLEMAN, WILLIAM J
Address: 538 WILKIE ST
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: COLEMAN, WILLIAM J
Address: 1431 HAGEN AVE
City-St-Zip: DUNEDIN, FL 34698

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: WILLIAM J. COLEMAN PRES 08/24/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date