

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000110424

**Entity Name:** WINTHROP INSURANCE SERVICES, LLC

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

11146 WINTHROP MARKET STREET  
RIVERVIEW, FL 33569 US

**New Principal Place of Business:**

**Current Mailing Address:**

11146 WINTHROP MARKET STREET  
RIVERVIEW, FL 33569 US

**New Mailing Address:**

FEI Number: 20-5883240      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:**

FRESE, CRAIG A  
345 OAK LANDING DRIVE  
MULBERRY, FL 33860 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: FRESE, CRAIG A  
Address: 345 OAK LANDING DRIVE  
City-St-Zip: MULBERRY, FL 33860 US

Title: MGRM  
Name: FRESE, CARLA R  
Address: 345 OAK LANDING DRIVE  
City-St-Zip: MULBERRY, FL 33860 US

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 Statutes.

SIGNATURE: CRAIG FRESE

MGRM

05/06/2010

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