2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2010
Secretary of State

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Entity Name: FOCUS INSURANCE SERVICES, LLC

Current Principal Place of Business:

SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PKWY., SUITE 300
SUNRISE, FL 333232804

New Principal Place of Business:

1300 SAWGRASS CORP PKWY
SUITE 300
SUNRISE, FL 33323

Current Mailing Address:

SUNRISE CORPORATE PLAZA ONE
1300 SAWGRASS CORPORATE PKWY., SUITE 300
SUNRISE, FL 333232804

New Mailing Address:

1300 SAWGRASS CORP PKWY
SUITE 300
SUNRISE, FL 33323

FEI Number: 20-8542484 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GALLOWAY, AMY J
1700 EAST LAS OLAS BLVD., PH-1
FORT LAUDERDALE, FL 33301 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: MGR
Name: BULLINGTON, DOUGLAS W
Address: 1300 SAWGRASS CORP PKWY, SUITE 300
City-St-Zip: SUNRISE, FL 33323

Title: MGR
Name: TROMER, KEVIN M
Address: 1300 SAWGRASS CORP PKWY, SUITE 300
City-St-Zip: SUNRISE, FL 33323

Title: S
Name: GARCELL, CARIDAD
Address: 1300 SAWGRASS CORP PKWY, SUITE 300
City-St-Zip: SUNRISE, FL 33323

Title: T
Name: BLAKE, JAMES
Address: 1300 SAWGRASS CORP PKWY, STE 300
City-St-Zip: SUNRISE, FL 33323

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: CARIDAD GARCELL S 04/09/2010

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