

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000048418

FILED
Jul 08, 2008
Secretary of State

Entity Name: CONNELL INSURANCE SERVICES LLC

Current Principal Place of Business:

20249 COUNTRY CLUB DRIVE
ESTERO, FL 33928

New Principal Place of Business:

24830 S TAMIAMI TRAIL
SUITE 1200
BONITA SPRINGS, FL 34134

Current Mailing Address:

20249 COUNTRY CLUB DRIVE
ESTERO, FL 33928

New Mailing Address:

24830 S TAMIAMI TRAIL
SUITE 1200
BONITA SPRINGS, FL 34134

FEI Number: 26-0155005 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:

CONNELL, THOMAS
20249 COUNTRY CLUB DRIVE
ESTERO, FL 33928 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: CONNELL, THOMAS
Address: 20249 COUNTRY CLUB DRIVE
City-St-Zip: ESTERO, FL 33928

Title: MGRM () Delete
Name: CONNELL, ANDREA
Address: 20249 COUNTRY CLUB DRIVE
City-St-Zip: ESTERO, FL 33928

ADDITIONS/CHANGES:

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

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

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: ANDREA CONNELL

MGRM

07/08/2008

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