2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: CONNELL INSURANCE SERVICES LLC

Current Principal Place of Business:

24830 S TAMIAMI TRAIL
SUITE 1200
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

24830 S TAMIAMI TRAIL
SUITE 1200
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 26-0155005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

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

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: THOMAS E CONNELL MGRM 04/11/2011

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