

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000021367

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** TALON INSURANCE SERVICES, LLC.

**Current Principal Place of Business:**

3637 MADACA LANE  
TAMPA, FL 33618 US

**New Principal Place of Business:**

**Current Mailing Address:**

18538 KINGBIRD DR  
LUTZ, FL 33558 US

**New Mailing Address:**

**FEI Number:** 26-2048471

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ATTKINS, CARL  
18538 KINGBIRD DR  
LUTZ, FL 33558 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:** ATTKINS, CARL H  
**Address:** 18538 KINGBIRD DR.  
**City-St-Zip:** LUTZ, FL 33558 US

**Title:** MGRM  
**Name:** STECHMANN, JEFFREY N  
**Address:** 19422 SANDY SPRINGS CIRCLE  
**City-St-Zip:** LUTZ, FL 33558 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:** JEFFREY N. STECHMANN

MR

01/05/2010

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