

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000023051

FILED
Jan 12, 2009
Secretary of State

Entity Name: COMPREHENSIVE INSURANCE CONSULTANTS, LLC

Current Principal Place of Business:

11249 REGATTA LANE
WELLINGTON, FL 33449

New Principal Place of Business:

Current Mailing Address:

11249 REGATTA LANE
WELLINGTON, FL 33449

New Mailing Address:

FEI Number: 20-2093222

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GARCIA, ELIZABETH
11249 REGATTA LANE
WELLINGTON, FL 33449 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 () Delete
Name: ALVAREZ, VERONICA
Address: 11249 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33449

Title: MGR () Delete
Name: GARCIA, ELIZABETH
Address: 11249 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33449

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GARCIA, ELIZABETH
Address: 11249 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33449

Title: MGR (X) Change () Addition
Name: ALVAREZ, VERONICA
Address: 11249 REGATTA LANE
City-St-Zip: WELLINGTON, FL 33449

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: ELIZABETH GARCIA

MGR

01/12/2009

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