2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000055778

Entity Name: COLLIER INSURANCE SERVICES, LLC

FILED Mar 02, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3431 PINE RIDGE RD, 101 3431 PINE RIDGE RD, SUITE 101

NAPLES, FL 341093834 NAPLES, FL 341093834

Current Mailing Address: New Mailing Address:

3431 PINE RIDGE RD, 101 3431 PINE RIDGE RD, SUITE 101

NAPLES, FL 341093834 NAPLES, FL 341093834

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

DAVID MCELRATH, P. A.
4501 TAMIAMI TRAIL NORTH
SUITE 204
NAPLES, FL 34103 US

DAVID MCELRATH, P. A.
3431 PINE RIDGE ROAD
SUITE 101
NAPLES, FL 34109 US

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: DAVID MCELRATH 03/02/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: MCELRATH, DAVID Name: MCELRATH, DAVID

Address: 4501 TAMIAMI TRAIL NORTH, SUITE 204 Address: 3431 PINE RIDGE ROAD, SUITE 101

City-St-Zip: NAPLES, FL 34103 US City-St-Zip: NAPLES, FL 34109 US

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: DAVID MCELRATH MGRM 03/02/2009