# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Mar 25, 2009**
**Secretary of State**

DOCUMENT# L08000081274

**Entity Name:** D&M INSURANCE SOLUTIONS, LLC

**Current Principal Place of Business:**

5041 VALENCIA LANE EAST
PALM HARBOR, FL 34684

**New Principal Place of Business:**

3000 BAYPORT DRIVE
SUITE 1100
TAMPA, FL 33607

**Current Mailing Address:**

5041 VALENCIA LANE EAST
PALM HARBOR, FL 34684

**New Mailing Address:**

**FEI Number: 26-3258685** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CIANFRONE, JOSEPH R ESQ.
1964 BAYSHORE BLVD.
DUNEDIN, FL 34698 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: COX, WILLIAM D
Address: 5041 VALENCIA LANE EAST
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM ( ) Delete
Name: RYAN, MICHAEL P
Address: 1727 MAIN STREET
City-St-Zip: SAFETY HARBOR, FL 34695

**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: WILLIAM DAVID COX MGRM 03/25/2009

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