

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000083135

**FILED**  
**Jan 25, 2010**  
**Secretary of State**

**Entity Name:** CAPITAL MARKETS INSURANCE LLC

**Current Principal Place of Business:**

814 A1A NORTH, SUITE 303  
PONTE VEDRA BEACH, FL 32082

**New Principal Place of Business:**

**Current Mailing Address:**

814 A1A NORTH, SUITE 303  
PONTE VEDRA BEACH, FL 32082

**New Mailing Address:**

**FEI Number:** 26-3327187

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAX CO  
50 NORTH LAURA STREET, SUITE 3300  
JACKSONVILLE, FL 32202 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  
**Name:** MILLON, TOM  
**Address:** 157 SOUTH ROSCOE BLVD  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

**Title:** MGR  
**Name:** HARRY, JEFFREY  
**Address:** 135 SOUTH ROSCOE BLVD  
**City-St-Zip:** PONTE VEDRA BEACH, FL 32082

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:** TOM MILLON

MGR

01/25/2010

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